UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) JASON SCOTT LEIDERMAN Date: 08/13/2015

From: SECURITY
DJ-LECIU
Contact:

Approved By:

Drafted By:

Case ID #: 259A-HQ-6567942 (U) JASON SCOTT LEIDERMAN

SCIP-CIPA NIP-FBISEC

Synopsis: (U) JASON SCOTT LEIDERMAN

Full Investigation Initiated: 08/13/2015

Details:

JASON SCOTT LEIDERMAN

 \Diamond

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Title: (U) Jason Leiderman DOJ

Approved By:
Drafted By:

b6 b7C b7E

Case ID #: 259A-HQ-6567942

(U) JASON SCOTT LEIDERMAN SCIP-CIPA

NIP-FBISEC

Synopsis: (U) Jason Leiderman DOJ

Enclosure(s): Enclosed are the following items:

1. (U) Jason Leiderman SF-86

2. (U) Jason Leiderman pt 2

*** ***

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)								
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Cl Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law has a U.S. address and is not deceased.	hild (inc , Guardi	luding adopt an and is not	ed/foster), a U.S. Citizen,					
2	Provide type of documentation he or she possesses to support U.S. residence.								
Entry #2	☐ U.S. Alien registration ☐ U.S. Visa Provide document num	nber							
垣	☐ Other (Provide explanation) ▶			·					
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)	fonth/Year	Prese	ent					
- 1	☐ Est.		Est.						
	Provide methods of contact (Check all that apply).	· · · · · · · · · · · · · · · · · · ·							
	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, cl	hat room	s, etc)						
	☐ Written correspondence ☐ Other (Provide explanation) ▶								
ĺ	Provide approximate frequency of contact,			······································					
1	Daily Monthly Annually		-						
l	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ►								
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if kno	own).							
1	Employer name		•						
1	l don't know								
	Provide the address of current employer, or provide the address of their most recent employer if not currently employ and Country if guiside the United States; otherwise, provide City, State and Zip Code)	/ed. (<i>Pr</i> ov	de City	[] I don't know					
- {	Street City State Zip Code	Country							
		Gountry							
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligen	ce servic	:e?						
Ì	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence								
İ	□ NO service,								
	☐ I dan't know	ı							
Ĺ		-11-1 (11							
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Cf. Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, has a foreign address and is not deceased.								
27	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (M	ionth/Year	Prese	ent					
EV#	Provide approximate date of first contact. (Manth/Year) Est. Provide methods of contact (Check all that apply).		Est.						
<u></u>	Provide methods of contact (Check all that apply).								
	In person Telephone Electronic (Such as e-mail, texting, ci	nat room:	s, etc)						
-	Written correspondence ☐ Other (Provide explanation) ▶		·						
ł	Provide approximate frequency of contact.	·····							
	Daily Monthly Annually								
1	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶								
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if kno	wn).							
-	Employer name	·							
	1 don't know								
	Provide the address of current employer, or provide the address of their most recent employer if not currently employ	ed. (Prov	ide City	i don't know					
1	and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code	Country							
		- Country							
İ	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence	ce servic	e?						
1	YES Describe the relative's relationship with the foreign government, military, security, defense indi			nt, or intelligence					
	NO service.			•					
	[] I don't know								
L									
		,_							
Ξnt	Enter your Social Security Number before going to the next page	•	069-6	8-8543					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Г	Secti	on 18 - Relatives -	(Continued)									
	Entry	/ #3										
Ī	Provi	de relative type.										
		de your relative's ful name	l name.		First n	ame				Middle name	,	Suffix
		•										
i	Provid	de your relative's da	te of birth.		ır relativ	e's place of birth.						
1	Date	(Month/Day/Year)	·	City				State	1	Country (Required)		
			Est.							·		
		de your relative's co try #1	untry(les) of	citizenship.	•	Country #2						
											•	
I	18,	1 Complete the following	owing if the r	elative listed	Is your l	Mother, Father, St	tomas	her, Stepfal	her. C	hild (including adopt	ted/foster). Ster	child, Brother,
		Sister, Stepbroti	ner, Stepsis	ter, Half-bro	ther, Ha	if-sister.		7 i				
\$		nother, provide you	mother's ma	iden name.		Same as listed] i dan't kna		•		
Entry #3	Last name First na				ame			ı	Middle name	J.	Suffix	
Ħ	Life	a thin pointing count					···					
П	La	s this relative used a	iny other nar	nes r								
	_		sed and the	nedad of time	that un	ur relative used the	m (suc	h as maidei	name	by a former marriage	former:	
		ne, alias, or nicknan			, that yo	or relative deed the		ar da moldoi	***********	oy a lorrice marriage		Not applicable
	#1	Last name				First name				Middle name	,	Suffix
				•		1						<u> </u>
		Malden name?	From (Mont	h/Year)	 .	To (Month/Year)		resent	Provi	ide the reason(s) why	ine name chang	ea.
	#7				Est.	- Flori sama		ist.	<u> </u>	Middle name		Pussi.
	#2 Last name			First name				whole name	*	Suffix		
		Maiden name?	From (Mont	h/Yeari		To (Month/Year)		resent	Provi	de the reason(s) why t	he name chano	ed.
		YES NO		, , , , , , , , , , , , , , , , , , ,	Est.			si,	[
-	#3	Last name	L			First name			L	Middle пате		Suffix
		•	• • •									
-		Maiden name?	From (Monti	h/Year)		To (Month/Year) Present Pro-			Provi	Provide the reason(s) why the name changed.		
		YES NO			Est.			st.	<u> </u>			,
	#4	Last name				First name				Middle name		Suffix
			·			<u> </u>		·		<u> </u>		
ľ		Maiden name?	From (Monti			To (Month/Year)		resent	Provi	de the reason(s) why t	he name chang	ed.
L		TIES TINO		<u> </u>	Est.			st.	<u> </u>			
						٠					•	
					•							
				•								
				•								
			•			•		-				
		•			•							
											r	
En	ter y	our Social Secu	rity Numbe	r before g	oing to	the next page					069-	68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

section 18 - Relatives - (Continue							
-convit to - izelenasa - (continue	!d)						<u> </u>
s your relative deceased?					YES (II	YES, proceed to 1	ė.3) 🔲
18.2 Complete the following if th Stepchild, Brother, Sister	e relative listed is your I , Stepbrother, Stepsis	Vlother, Father, Step ter, Half-brother, Ha	omother, Stepfather alf-sister, Father-In-I	Foster paren aw, Mother-In	t, Child (inclu -law, Guardia	ding adopted/fo n and is not dece	ster), ased.
18.3 Complete the following if the Sister, Stepbrother, Steps OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	ister, Half-brother, Hal e relative listed is your N Stepbrother, Stepsist	lf-sister and is a U.S Nother, Father, Step	. Citizen, foreign borr mother, Stepfather,	and is deceas	sed, t, Child (includ	iing adopted/fos	iter),
Provide one type of documentation		sses and the docume	ent number.	•			
FS 240 or 545	U.S. Naturaliza	tion certificate	Other (Provide ex	planation) 🕨	ž.	•	
☐ DS 1350	U.S. Passport				•		
U.S. Citizenship certificate	None (Provide			***************************************			·
Provide document number.	·	Provide the name	of the court that Issue	d the U.S. Citi	zenship/Natura	ilization certificati	∌,
Provide the address of the court is Street	hat issued the U.S. Citi	zenship/Naturalizatio	n certificate. City		Stat	te Zip Co	ode
·					<u>\</u>		
							•
							٠

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
83	Provide type of documentation he or she possesses to support U.S. residence.
Entry #3	U.S. Allen registration U.S. Visa Provide document number
듄	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
ł	Provide methods of contact (Check all that apply).
]	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
ĺ	Provide approximate frequency of contact.
ł	Daily Monthly Annually
-	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ►
}	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
[I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
- 1	and Country if outside the United States; otherwise, provide City, State and Zip Code)
ł	Street City State Zip Code Country
]	
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	□ NO service.
	□ I don't know
1 	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster),
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen,
	has a foreign address and is not deceased.
髭	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Entry #3	☐ Est.
m	Provide methods of contact (Check all that apply).
\Box	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
ŀ	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	☐ Daily ☐ Monthly ☐ Annually
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
- [Employer name
- 1	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
-	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	☐ I don't know
L	
En	ter your Social Security Number before going to the next page 069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	i)							
ntry #4								
rovide relative type.								
rovide your relative's full name. ast name	First	name		1 N	viiddle name		Suffix	
rovide your relative's date of birth. Pate (Month/Day/Year)	Provide your relationship	live's place of birth.	State		Country (Required)		1	
Est.	citizenship.		<u> </u>	<u></u> . J.				
ountry #1		Country #2						
18.1 Complete the following if the	relative listed is you	r Mother, Father, S	teomother. Stepf	father. Ch	nild (including adopte	ed/faster). S	tenchild. Brot	her.
Sister Stenbrother Stensis	ter Half-brother	lalf-sister		,,	(
#3 Last name		First name			Middle name		Suffix	I
#3 Last name		First name			Middle name		Suffix	
Malden name? From (Mon	th/Year)	First name To (Month/Year)	Present	Provid	Middle name	ne name cha		
	th/Year)		Present	Provid		ne name cha		
Malden name? From (Mon		To (Month/Year)		Provid	de the reason(s) why the	ne name cha	nged.	
Malden name? From (Mon				Provid		ne name cha		
Malden name? From (Man	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year)	Est.		de the reason(s) why the		nged. Suffix	
Malden name? From (Man	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Maiden name? From (Mon YES NO #4 Last name Maiden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Maiden name? From (Mon YES NO #4 Last name Maiden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon.	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malden name? From (Mon YES NO H4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Malder name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name	Est.		de the reason(s) why the Middle name		nged. Suffix	
Maiden name? From (Man YES NO #4 Last name Maiden name? From (Mon. YES NO	Est.	To (Month/Year) First name To (Month/Year)	Est. Present Est.		de the reason(s) why the Middle name	ne name cha	nged. Suffix	
Malden name? From (Mon YES NO #4 Last name Malden name? From (Mon	Est.	To (Month/Year) First name To (Month/Year)	Est. Present Est.		de the reason(s) why the Middle name	ne name cha	nged. Suffix	

Standard Form 86 Revised December 2010

QUESTIONNAIRE FOR

Form approved OMB No. 3206 0008

Does this relative have an APO/FPO address? YES Provide your relative's APO/FPO address. NO Address APO or FPO APO/FPO State Code Zip Code I don't know APO or FPO APO/FPO State Code Zip Code S.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Half-brother, Half-sister and is a U.S. Cilizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Cilizen, foreign born and has a U.S. or APO/FPO address. Provide document number. Provide the name of the court that issued the U.S. Cilizenship/Naturalization certificate. Ink Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued th	ction 18 - Relatives - (Continued)		races with the same of the sam		- 	
Ones this relative have an APO/FPO address? Provide your relative's APO/FPO address. Address APO or FPO APO/FPO State Code Zip Code Zip Code Zip Code Zip Code Zip Code APO or FPO APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-sister and is a U.S. Clilzen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Clilzen, foreign born and has a U.S. or APO/FPO address. Provide document number. Provide the name of the court that issued the U.S. Cilizenship/Naturalization certificate.	8.2 Complete the following if the relative ils Stepchild, Brother, Sister, Stepbroti	sted is your Mother, Father her, Stepsister, Half-broth	r, Stepmother, Stepfath er, Half-sister, Father-i	ier, Foster parei In-law, Mother-Ir	nt, Child (Including a n-law, Guardian and	adopted/foster), is not deceased.
NO Address APO or FPO APO/FPO State Code Zip Code I don't know 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.	Provide your relative's current address. (Prov Street					
Provide document number. Provide your relative's APO/FPO address. APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code APO or FPO APO/FPO State Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip C	Does this relative have an APO/FPO addres	s7				
18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Unk Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	YES Provide your relative's		APO or Fi	PO A	PO/FPO State Code	Zip Code
Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Unik Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	I don't know	•		1	·	
unk Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	100000000000000000000000000000000000000					
	unk			sued the U.S. Cit	lzenship/Naturalizatio	on certificate.
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		
	unk Provide the address of the court that issued		alization certificate.	sued the U.S. Cit		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
#	Provide type of documentation he or she possesses to support U.S. residence,
Entry #	U.S. Alien registration U.S. Visa Provide document number
匝	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply).
	in person Telephone Electronic (Such as e-mail, texting, chal rooms, etc)
İ	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Dally Monthly Annually
	Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
ſ	ls this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO service.
	i don't know
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-In-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.
Entry #4	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
iii	Provide methods of contact (Check all that apply).
	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
-	□ Daily □ Monthly □ Annually
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
Į	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	☐ 1 don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if putside the United States of heavise, applied City State and Zin Code).
1	and duality is obtained distinct, office whose, provide only, distinct and the duality
	Street City State Zip Code Country
	le this solution officiated with a femine enveraged military acquelly defends includes femine requests as intelligence and the
1	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	☐ I don't know
L	
∃ni	ter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

5 GFR Paris /31, /32, and /30	•			
Section 18 - Relatives - (Continued)	•			· · · · · · · · · · · · · · · · · · ·
Entry #5				
Provide relative type.				
Provide your relative's full name. Last name	First name		Middle name	Suffix
Provide your relative's date of birth. Date (Month/Day/Year) Est.	Provide your relative's place of City	birth. State	Country (Required)	
Provide your relative's country(les) of c Country #1	itizenship. Country #	2		
18.1 Complete the following if the re Sister, Stepbrother, Stepsist	lative listed is your Mother, Fat er, Half-brother, Half-sister.	ther, Stepmother, Stepfath	er, Child (including adopted/fo	ster), Stepchild, Brother,
Snow HR				
#1 Last name	First name	e	Middle name	Suffix
Maiden name? From (Month	/Year) To (Month)	/Year) Present Est.	Provide the reason(s) why the na	ame changed.
#2 Last name	First name	е	Middle name	Suffix
Malden name? From (Month	/Year) To (Month)	(Year) Present Est.	Provide the reason(s) why the na	me changed
#3 Last name	First name	9	Middle name	Suffix
Maiden name? From (Month	/Year) To (Month/	(Year) Present Est.	Provide the reason(s) why the na	me changed.
#4 Last name	First name	.	Middle name	Suffix
Maiden name? From (Month	/Year) To (Month/	Year) Present Est.	Provide the reason(s) why the na	me changed.
			-	
••				

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stephalother, Pather-In-law, Mother-In-law, Suardian and is not decessed. 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stephalother, Child (including adopted/foster), Stephalother,	FR Parts 731, 732, and 736						
18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stephalother, Pather-In-law, Mother-In-law, Suardian and is not decessed. 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stephalother, Child (including adopted/foster), Stephalother,	· · · · · · · · · · · · · · · · · · ·	a)				TE WAR	
18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/toster), Stepchild, Broth Sistan, Stepforther, Stepsister, Nair-Arother, Half-sister and is a U.S. Citizen, foreign born and is deceased. On Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Broth Sistan, Stepport, Stepsister, Half-sister and is a U.S. Citizen, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepchild, Brother, Stepsister, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Pather-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Stepsister, Half-sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Mother-In-law, Guardian and is a U.S. Cilizen, Mother-In-law, Mother-In-law, Mother-In-law, Guardian and Is a U.S. Cilizen, Mother-In-law, Mother-In-law, Mother-In-law, Mother-In-law, Guardian and Is a U.S. Cilizen, Mother-In-law, Mot	-						
Sister, Stepbrother, Stepslater, Half-Brother, Half-Stater and is a U.S. Citizen, foreign born and is deceased. Complete the following if the relative listed is your Mother, Father, Stepnather, Stepslathor, Foster parent, Child (including adopted/foster), Stepshild, Brother, Sister, Stepbrother, Stepslater, Half-Inrother, Half-Sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number. Stepslath of 45 U.S. Naturalization certificate Other (Provide explanation) U.S. Passport U.S. Citizenship certificate None (Provide explanation) Provide document number. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate. Street City State Zip Code	18.2 Complete the following if the Stepchild, Brother, Sister,	e relative listed is your Mothe Stepbrother, Stepsister, Ha	r, Father, Stepmo alf-brother, Half-sl	ther, Stepfather, Fos ster, Father-In-law, I	iter parent, Child Mother-In-law, Gu	including add ardian and is	opted/foster), not deceased.
Sister, Stepbrother, Stepslater, Half-Brother, Half-Stater and is a U.S. Citizen, foreign born and is deceased. Complete the following if the relative listed is your Mother, Father, Stepnather, Stepslathor, Foster parent, Child (including adopted/foster), Stepshild, Brother, Sister, Stepbrother, Stepslater, Half-Inrother, Half-Sister, Father-In-law, Mother-In-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number. Stepslath of 45 U.S. Naturalization certificate Other (Provide explanation) U.S. Passport U.S. Citizenship certificate None (Provide explanation) Provide document number. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate. Street City State Zip Code							
FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) > DS 1350 U.S. Passport U.S. Citizenship certificate None (Provide explanation) > Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate. Street City State Zip Code	Sister, Stepbrother, Stepsi OR Complete the following if the Stepchild, Brother, Sister,	ster, Half-brother, Half-siste relative listed is your Mother Stepbrother, Stepsister, Ha	er and is a U.S. Citi , Father, Stepmot	izen, foreign born and her, Stepfather, Fos	is deceased. ter parent, Child (i	ncluding ado	pted/foster).
DS 1350 U.S. Passport U.S. Citizenship certificate None (Provide explanation) Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate. City State Zip Code	^	•					
U.S. Citizenship certificate None (Provide explanation) > Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate. City State Zip Code Zip Cod			ertificate 0	Other (Provide explan	ation) >		
Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate. Street City State Zip Code	—		ation) 🕨		, ·		
Street Clty State Zip Code				e court that issued the	e U.S. Citizenship/f	vaturalization (certificate.
		nat issued the U.S. Citizenshi				State	Zip Code
						. •	
	•			•			
	•		•				
		:					
					·		
		٠.					
		, •					
							59-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives	-/Continuer	<i>7</i> 1	······································					***************************************		· · · · · · · · · · · · · · · · · · ·
<u> </u>	Jeellett 10 - Melatives	- Tooliminge									
	18.4 Complete the fo Stepchild, Bro has a U.S. add	ther, Sister,	Stepbrother, 5						ent, Child (inclu in-law, Guardiar		
	Provide type of documents	mentation he	or she possess	ses to supp	ort U.S. res	idence.					
Entry #5	U.S. Alien registr	ation [☐ U.S. Visa	•				Provide docume	nt number		
目	Other (Provide	•	_		•		1	-			
ï	Cuer (Linkide	whierieriniti	<i>*</i>					· · · · · · · · · · · · · · · · · · ·			. <u></u>
	Provide approximate	date of first c	ontact. (Month/	Year)	Est.	Provide a	pproximate	date of last conti	act. (Month/Year)	Pre	sent
- 1	Provide methods of c	ontact (Chec	k all that apply),		\ <u></u>		***************************************			***************************************
	In person	•		phone		ΠE	ectronic (Su	ıch as e-mail, tex	ting, chat rooms,	etc)	
ĺ			=		explanation				,	,	
l	Written correspo			: (Flovide	explanation	1 7					
- [Provide approximate	frequency of	contact.								
	Daily		[Мол	thly		□ A	nually				
- 1	☐ Weekly	·	C Qua	rterly		По	ther (Provid	e explanation) >			
			L	•	· · · · · · · · · · · · · · · · · · ·				ele (
- 1	Provide name of curr Employer name	ent employer	, or provide the	name or t	neir mast re	cent empir	yer ir not co	rrentiy employed	(if known).		
	Cuthole lame										• •
				,	☐ 1 gou.	t know					
İ	Provide the address	of current em	player, or provi	de the add	ress of their	most rece	nt employe	r if not currently e	emplayed. (Provide	e City	
ļ	and Country if outside the	United States;	otherwise, provid	de City, State	and Zip Code)	, ,			•	🔲 i don't know
- [Street			City			State	Zip Code	Country		
			•	1					1		
	is this relative affiliate	d with a forei	an anyetamen	t military	sacurity dat	anse indu	try foreign	movement or int	pilinance servico	2	
- [-		_		
	∐YES —→	Describe ti service.	ne relative's rel	ationship v	with the fore	gn govern	ment, milita	ry, security, defer	ise Industry, forei	gn maver	ent, or intelligence
	☐ NO	SEI VICE.									
	I don't know	1									
L		1			· · · · · · · · · · · · · · · · · · ·			***************************************		·	
[18.5 Complete the formal Stepchild, Brown has a foreign ac	ther, Sister, S	Stepbrother, S						ent, Child (includ In-law, Guardian		
Entry #5	Provide approximate	date of first c	ontact. (Month/)	/ear)		Provide a	pproximate	date of last conta	ict, (Month/Year)	Pre:	sent
È	,				Est.		•.		•	Est.	
ıπ	Provide methods of c	ontact (Check	(all that apply)								
	In person			phone	•.		ectronic (Su	tch as a mall fav	ting, chat rooms,	etc)	•
-1	-					+	aonomo (or	on as c-man, tex	ing, chat rooms,	Cito)	
-1	Written correspon	idence	U Othe	r (Provide	explanation	}					
1	Provide approximate	frequency of	contact.				****				
	Dally		Moni	hlv		Па	ınually		. '		
1	☐ Weekly		Quar	•				e explanation) >			
-1	1-1		<u> </u>			·····					
- (Provide name of curre	ent employer,	or provide the	name of the	neir most red	ent emplo	yer If not cu	rrently employed	(if known).		
1	Employer name										
					l don'	know					
	Provide the address of	f current arm	inver or provi	de the add	ress of their	most rece	nt employe	r if not currently e	mnloved (Davide	City	
İ	and Country if outside the						in ciripioye	i ii iiot dairentiy e	unbiatan (Landin	City	i don't know
	Street		•	City			State	Zip Code	Country		,
				1				1	.		
-	1-4-1	1 20 -		1979			t f		102	·	· · · · · · · · · · · · · · · · · · ·
-	Is this relative affiliate				-		•		-		
	☐ YES		e relative's rel	ationship v	vith the forei	gn gavern	nent, militar	y, security, defen	se industry, forei	gn movem	ent, or intelligence
	□ NO	service;									
	=	I									
	I don't know		•	_					•		
					······································						
											
≓nt	er your Social Sec	urity Numb	er before go	ing to the	e next pag	e —			→	069	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)			·	
	Entry #6				
	Provide relative type,				
	Provide your relative's full name.	···	·		
	Last name First na	ime		Middle name	Suffix
	<u> </u>				
	Provide your relative's date of birth. Provide your relative Date (Month/Day/Year) City	e's place of birth.	State	Country (Required)	
	Date (Month/Day/Year) City		1	()	
	Provide your relative's country(ies) of citizenship.				
	Country #1	Country #2		•	
	18.1 Complete the following if the relative listed is your N Sister, Stepbrother, Stepsister, Half-brother, Hal		epmother, Stepfath	er, Child (including adopted/foster),	Stepchild, Brother,
	If mother provide your mother's maiden name.	Same as listed	☐ I dan't know		
Entry #5	Last name First na	→		Middle name	Suffix
Ē				<u> </u>	
	Has this relative used any other names?			,	
	YES NO	•	•		
	Provide other names used and the period of time that you name, alias, or nickname).	ir relative used the	m (such as malden i	name by a former marriage, former	Not applicable
i	#1 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	Ta (Month/Year)	Present	Provide the reason(s) why the name c	hanged.
	YES NO Est.		Est.		
	#2 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the name c	hanged
	YES NO Est.		Est.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	#3 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name o	hanged
	YES NO Est.	<u> </u>	Est.		
	#4 Last name	First name		Middle name	Suffix
ļ	Maidan nama? From (Mark Mark	To (Manth Wase)		Gravida the secondal why the same a	hanned
	Maiden name? From (Month/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the name c	nangeo,
Ì				·	·
			,		
	•	•			
				•	
		•			
	•	•.			
Er	nter your Social Security Number before going to	the next page			069-68-8543
*				·	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

Does this relative have an APO/FPO address? YES Provide your relative's APO/FPO address. NO Address APO or FPO APO/FPO State Code Zip Code I don't know 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Br. Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster) Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is a U.S. Citizer foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number.	Section 18 - Relatives - (Continued	d)	ı				
Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased. Provide your relative's current address. (Provide City and Country if outside the United Steles; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Does this relative have an APO/FPO address? YES							
Street City State Zip Code Country	Stepchild, Brother, Sister,	Stepbrother, Step	osister, Half-brother, H	lalf-sister, Father-in	law, Mother-In-law, C	Suardian and Is	
Provide your relative's APO/FPO address. Address APO or FPO APO/FPO State Code Zip Code I don't know APO or FPO APO/FPO State Code Zip Code 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Br. Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster) Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizer foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) Provide document number. Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.		iress. (<i>Pr</i> ovide City a				Code) Country	
APO or FPO APO/FPO State Code Zip Code I don't know 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Br. Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Clitzen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster) Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is a U.S. Clitzer foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) Provide document number. Provide the name of the court that issued the U.S. Clitzenship/Naturalization certificate.	Does this relative have an APO/F	PO address?		,		·	
Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster) Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizer foreign born and has a U.S. or APO/FPO address. Provide one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) > Provide document number. Provide document number. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	NO Address	r relative's APO/FF	O address.	APO or FPO	O APO/FPC	State Code	Zip Code
Provide one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) U.S. Passport U.S. Citizenship certificate None (Provide explanation) Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	Sister, Stepbrother, Stepsis OR Complete the following if the Stepchild, Brother, Sister,	ster, Half-brother, relative listed is yo Stepbrother, Step	Half-sister and is a U. ur Mother, Father, Ste sister, Half-brother, H	S. Citizen, foreign bo pmother, Stepfather	rn and is deceased. r, Foster parent, Child	d (including ac	lopted/foster),
DS 1350 U.S. Passport U.S. Citizenship certificate None (Provide explanation) > Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.				nent number.	···		
U.S. Clitzenship certificate None (Provide explanation) > Provide document number. Provide the name of the court that issued the U.S. Clitzenship/Naturalization certificate. Provide the address of the court that issued the U.S. Clitzenship/Naturalization certificate.	FS 240 or 545	U.S. Natura	dization certificate	Other (Provide e	explanation) >	•	
Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate. Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.	DS 1350	U.S. Passp	ort		•		
Provide the address of the court that issued the U.S. Cilizenship/Naturalization certificate.	U.S. Citizenship certificate	None (Prov	ide explanation) 🕨				
	Provide document number.		Provide the name	of the court that Issu	led the U.S. Citizenshi	p/Naturalization	certificate.
		nat issued the U.S.	Cilizenship/Naturalizat			State	Zip Code
	•						
					•		
		•					•
			•				
						ı	
						•	
	•	. •			•		
			•				
						•	
	•						
	•						
				, T	•		
	•	•					
		,					
			•	•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved OMB No. 3205 000:

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
92	Provide type of documentation he or she possesses to support U.S. residence.
Entry #6	U.S. Alien registration U.S. Visa Provide document number
Ш	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
	Provide methods of contact (Check all that apply).
	In person
	☐ Written correspondence ☐ Other (Provide explanation) ➤
	Provide approximate frequency of contact. Dally Annually
	☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ►
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	☐ I don't know
ŀ	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; atherwise, provide City, State and Zip Code) City State Zip Code Country
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
-	□ NO service.
	I don't know
l. r	40 F Danda Haifell of Kills and Hall Hall I and Batha Fatha Discount Charles and Chill Hall Hall Hall Hall Hall
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
	has a foreign address and is not deceased.
貋	Provide approximate date of first contact, (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Entry #6	Est.
	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
1	Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact. Daily Annually
	☐ Dally ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
1	[] I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	□ NO □ I don't know
L	
Ent	er your Social Security Number before going to the next page 069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S. N. and S. Carrier Contracts					
Section 19 - Foreign Contacts					
A foreign national is defined as any person wh					
Do you have, or have you had, close and/or co (7) years with whom you, or your spouse, or or and/or obligation? include associates as well a	chabitant are bound by affection	n, influence, comm	on interacte	YES X NO (If NO, pr	oceed to Section 20A)
Complete the following if you responded 'Ye	s' to have, or have had, close	and/or continuing c	ontact with a foreign	national.	
Entry #1				ſ	
Provide the full name of the foreign national	, if known.			l don't know	
Last name First r	iame	Middle name	Suffix	Explanation if name	is unknown
					-
Provide approximate date of first contact, (N	fonth/Year) Provide ☐ Est.	approximate date o	of last còntact. <i>(Month</i>	∕Year) ☐ Est.	
Provide methods of contact (Check all that a	apply).				
In person	Telephone	Electronic (St	ıch as e-mail, texting	, chat rooms, etc)	
Written correspondence	Other (Provide explanation) >			• •	
Provide approximate frequency of contact.		· · · · · · · · · · · · · · · · · · ·			
Daily	Monthly	Annually			
☐ Weekly	Quarterly	Other (Provid	e explanation) >		
Provide the nature of relationship (Check all	that apply).		***************************************		
Professional or Business	•	Personal (S	Such as family ties, fr	iendship, affection, con	nmon interests, etc)
☐ Obligation (Provide explanation) ▶		Other (Prov	ide explanation) ▶	•	
Provide other names and/or nicknames, as	appropriate.			 	
Last name	First name		Middle name		Suffix
				<u></u>	
Provide country(ies) of citizenship. Country #1	Country #2			·	
Provide date of birth. I don't know	Provide place of	birth.	n't knaw		
(Month/Day/Year)	City			untry unknown, requires e	explanation)
∏ Est.				1	
Provide current address. (Provide City and Con	untry if outside the United States: off	erwise, provide City, S	State and Zip Code.)		☐ I don't know
Street	City	State		Country	
•					
Does this person have an APO/FPO address	3? Provide the foreign national	s APO/FPO addres			
YES Address		APO or FPC) AP	O/FPO State Code	Zip Code
NO TI don't know			{		
Provide the name of the foreign national's cu	rrent employer, or provide the	name of their most	recent employer if n	ot currently employed.	
Employer name	•				
		l don't know			
Provide the address of the foreign national's				r if not currently	I don't know
employed. (Provide City and Country if outside the Street	United States; otherwise, provide C City	ity, State and Zip Cod State	e.) Zip Code	Country	
		.	Lip Code		
In this foreign actions a still to death the feet	- consequent subsequent	dofeana Industri	ar intelligence '-	07	
Is this foreign national affiliated with a foreign	n government, military, security contact's relationship with the fo		-		inance sandos
	miliaers icialiolishib willi file il	oreiðu Aestittilgtíf	minitary, socurity, de	ionae muusny, or intell	iganice service.
NO I don't know					
ter your Social Security Number befor				069	-68-8543
tar vour Social Security Number befor	e going to the next page				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following it you responded	'Yes' to have, or have had, clo	se and/or continuing co	intact with a foreign	national.	
Entry #2				· · · · · · · · · · · · · · · · · · ·	
Provide the full name of the foreign natio	nal, if known. st name	Middle name	Suffix	I don't know Explanation if name	e is unknown
Provide approximate date of first contact	. (Month/Year) Prov	ide approximate date o	flast contact. (Monti	h/Year)	
•	Est.			Est.	
Provide methods of contact (Check all th	at apply). Telephone	Electronic (Su	ch as e-mail, texting	g, chat rooms, etc)	
Written correspondence	Other (Provide explanation	n) →			
Provide approximate frequency of contac	il.				
Daily [Monthly	Annually			• •
Weekly	Quarterly	Other (Provide	e explanation) 🕨		
Provide the nature of relationship (Check	all that apply).				· · · · · · · · · · · · · · · · · · ·
Professional or Business		<u> </u>		riendship, affection, cor	mmon interest
Obligation (Provide explanation) >	· · ·	Other (Prov	ide explanation) >		
Provide other names and/or nicknames,	as appropriate.				
Last name	First name		Middle name		Suffix
	Country #2				
Country #1 Provide date of birth. I don't know	Country #2 Provide plac	e of birth. 🔲 i dan		ountry unknown, requires (explanation)
Provide date of birth. I don't know	Provide plac	e of birth. i don		ountry unknown, requires (explanation)
Provide date of birth. I don't know Month/Day/Year) Est.	Provide plac City		Country (If c	ountry unknown, requires (
Provide date of birth.	Provide plac City		Country (If c	ountry unknown, requires of Country	explanation)
Provide date of birth.	Provide plac City Country if outside the United States City	s; otherwise, provide City, S State	Country (if contact of the state and Zip Code.) Zip Code		
Month/Day/Year)	Provide place City Country if outside the United States City ress? Provide the foreign nation	s; otherwise, provide City, S State	Country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the contact of the contact of the country (if contact of the		
Provide date of birth. I I don't know Month/Day/Year) Est. Provide current address. (Provide City and Street Does this person have an APO/FPO additional additiona	Provide place City Country if outside the United States City ress? Provide the foreign nation	s; otherwise, provide City, S State State	Country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the country (if contact of the contact of the contact of the country (if contact of the	Country	☐ { don't
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations	s; otherwise, provide City, S State State onat's APO/FPO addres APO or FP0	Country (if co	Country PO/FPO State Code	☐ I dan't
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations	s; otherwise, provide City, S State State onat's APO/FPO addres APO or FP0	Country (if co	Country PO/FPO State Code	☐ I dan't
Provide date of birth. I don't know Month/Day/Year) Est. Provide current address. (Provide City and Street Does this person have an APO/FPO addres NO I don't know rovide the name of the foreign national's imployer name	Provide place City Country if outside the United States City ess? Provide the foreign nations current employer, or provide al's current employer, or provide	s; otherwise, provide City, S State snal's APO/FPO addres APO or FPO the name of their most I don't know the the address of their re	Country (if contact and Zip Code.) Zip Code s. Airecent employer if n	Country PO/FPO State Code not currently employed.	☐ I don't
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide	s; otherwise, provide City, S State State APO or FPO the name of their most I don't know the the address of their inde City, State and Zip Code	Country (if contact and Zip Code.) Zip Code S. Air recent employer if not recent employer.	Country PO/FPO State Code not currently employed. er if not currently	☐ I don't
Provide date of birth.	Provide place City Country if outside the United States City ess? Provide the foreign nations current employer, or provide al's current employer, or provide	s; otherwise, provide City, S State snal's APO/FPO addres APO or FPO the name of their most I don't know the the address of their re	Country (if contact and Zip Code.) Zip Code s. Airecent employer if n	Country PO/FPO State Code not currently employed.	☐ I don't
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide City	s; otherwise, provide City, S State State APO or FPC the name of their most I don't know the the address of their r de City, State and Zip Code State	Country (if contains and Zip Code.) Zip Code Solution Trecent employer if in the contains and zip Code.) To Code Zip Code	Country PO/FPO State Code not currently employed. er if not currently Country	☐ { don't
Provide date of birth. If don't know Month/Day/Year) Est. Provide current address. (Provide City and Street Does this person have an APO/FPO addres NO Idon't know rovide the name of the foreign national's imployer name Provide the address of the foreign national imployed. (Provide City and Country if outside treet Ithis foreign national affiliated with a fo	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide city eign government, military, sections	s; otherwise, provide City, S State mal's APO/FPO addres APO or FPO the name of their most I don't know is the address of their r de City. State and Zip Code State urity, defense industry,	Country (if contact and Zip Code.) Zip Code S. All recent employer if not recent employer if not zip Code Zip Code or intelligence servi	Country PO/FPO State Code not currently employed. er if not currently Country	Zip Code
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide City	s; otherwise, provide City, S State mal's APO/FPO addres APO or FPO the name of their most I don't know is the address of their r de City. State and Zip Code State urity, defense industry,	Country (if contact and Zip Code.) Zip Code S. All recent employer if not recent employer if not zip Code Zip Code or intelligence servi	Country PO/FPO State Code not currently employed. er if not currently Country	Zip Code
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide city eign government, military, sections	s; otherwise, provide City, S State mal's APO/FPO addres APO or FPO the name of their most I don't know is the address of their r de City. State and Zip Code State urity, defense industry,	Country (if contact and Zip Code.) Zip Code S. All recent employer if not recent employer if not zip Code Zip Code or intelligence servi	Country PO/FPO State Code not currently employed. er if not currently Country	Zip Code
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide city eign government, military, sections	s; otherwise, provide City, S State mal's APO/FPO addres APO or FPO the name of their most I don't know is the address of their r de City. State and Zip Code State urity, defense industry,	Country (if contact and Zip Code.) Zip Code S. All recent employer if not recent employer if not zip Code Zip Code or intelligence servi	Country PO/FPO State Code not currently employed. er if not currently Country	Zip Code
Provide date of birth.	Provide place City Country if outside the United States City ress? Provide the foreign nations current employer, or provide the United States, otherwise, provide the United States, otherwise, provide city eign government, military, sections	s; otherwise, provide City, S State mal's APO/FPO addres APO or FPO the name of their most I don't know is the address of their r de City. State and Zip Code State urity, defense industry,	Country (if contact and Zip Code.) Zip Code S. All recent employer if not recent employer if not zip Code Zip Code or intelligence servi	Country PO/FPO State Code not currently employed. er if not currently Country	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19' - Foreign Contacts - (Continued)	•				
Complete the following if you responded 'Yes	s' to have, or have had, clos	e and/or continuing o	contact with a foreign n	ational.	
Entry #3					· · · · · · · · · · · · · · · · · · ·
Provide the full name of the foreign national, Last name First na		Middle name	Suffix	I don't know Explanation if nam	e is unknown
Provide approximate date of first contact. (Mo	onth/Year) Provid	de approximate date	of last contact. (Month/	Year) .	
	pply). Felephone Other (Provide explanation	•	uch as e-mall, texting,	chat rooms, etc)	
Provide approximate frequency of contact.					
Daily [] [Monthly Quarterly	Annually Other (Provid	de explanation) 🕨		-
Provide the nature of relationship (Check all Professional or Business Obligation (Provide explanation)	that apply). ·		Such as family ties, frie	andship, affection, co	nmon interests, et
Provide other names and/or nicknames, as a	ppropriate.				
Last name · ·	First name		Middle name		Suffix
Provide country(les) of citizenship. Country #1 Provide date of birth. I don't know (Month/Day/Year)	Country #2 Provide place City	of birth. I do	on't know Country (If cou	untry unknown, requires	explanation)
Est.	all of the state of States	athenulas annulas Ollins	Diele and Tie Code)		
Provide current address, (Provide City and Cou. Street	City .	State	Zip Code	Country	i don't kno
Does this person have an APO/FPO address YES Address NO I don't know	? Provide the foreign nation	nal's APO/FPO addre APO or FF		O/FPO State Code	Zlp Code
Provide the name of the foreign national's cur Employer name	rrent employer, or provide t	he name of their mos	st recent employer If no	it currently employed.	
Provide the address of the foreign national's	current employer, or provide		most recent employer	if not currently	
employed. (Provide City and Country if outside the Street				Соилtry	l don't kno
Is this foreign national affiliated with a foreign YES Describe the company of the property o	government, military, secu ontact's relationship with th				ligence service.
er your Social Security Number before	going to the next pag	e		• 06	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Sec	tion 19 - Foreign Contacts - (Continued)	. •				
C	omplete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with a foreig	gn national.	····
E	ntry #4					
	rovide the full name of the foreign national, i est name First na		Middle name	Suffix	l don't know Explanation if name	is unknown
P	rovide approximate date of first contact, (Ma	nth/Year) Provide	e approximate date o	of last contact. (Ma	onth/Year) Est.	
		oply). elephone Other (Provide explanation)		ıch as e-mail, texti	ing, chat rooms, etc)	
P		Nonthly Quarterly	Annually Other (Provid	e explanation) 🕨		
	rovide the nature of relationship (Check all t Professional or Business Obligation (Provide explanation) > rovide other names and/or nicknames, as a			Such as family ties vide explanation)	s, friendship, affection, com	nmon interests, etc)
1 -	ast name	First name		Middle name		Suffix
			·			
-						
						-
	rovide country(les) of cliizenship. ountry #1	Country #2				
	rovide date of birth.	Provide place of City	of birth. 1 do	n't know Gountry (/	lf country unknown, requires ex	xplanation)
1	covide current address. (Provide City and Cour reet	dry if outside the United States; o City	therwise, provide City, S State	State and Zip Code.) Zip Code	Country	I don't know
	Des this person have an APO/FPO address YES Address NO I don't know	Provide the foreign national	l's APO/FPO addres APO or FP		APO/FPO State Code	Zip Code
,	ovide the name of the foreign national's cur nployer name	ent employer, or provide the	name of their most	recent employer	if not currently employed.	
em	ovide the address of the foreign national's c aployed. (Provide Cily and Country if outside the U reet				Over if not currently Country	☐ I don't know
_	this foreign national affiliated with a foreign YES Describe the co NO I don't know	government, military, securion ontact's relationship with the	•	_		gence service.
1,						
Enter	your Social Security Number before	going to the next page	· · ·		069	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

A.1 Have you, your spou	ivities	dapandari ch	Idea EVED had an	v foreign flöggeig	Internete feuch se			
stocks, property, invi businesses) in which companies or divers	estments, bank ac 1 you or they have	counts, owner direct control	ship of corporate er or direct ownership	ititles, corporate li 7 (Exclude financi	nterests or	YES X	NO (IFNO, p	roceed to 20
Complete the following if corporate entities, corporate diversified mutual funds the	ate interests or bu	sinesses) ln wi	iich you had or hav	rests (such as sto e direct control or	cks, property, investr direct ownership? (E	nents, bank acc ixclude financial	ounts, own I interests in	ership of companie
Entry #1								
Specify (Check all that ap	ply): Tyours	elf 🗌	Spouse [Cohabitant	Dependent	children		
Provide the type of finance	ial interest.		Provide the date	acquired, (Month.	-		-	* .
Provide how the financial	interest was acqu	ired (such as p	urchase, gift, etc.).		Est.			
Provide the cost (in U.S. o acquisition.	ioliars) at time of		ownership was s		dollars) or the value wise disposed of:	at the time cont	rel or	
Decide the data contact		Est.		DId] [
Provide the date control of Date	r ownersnip was r	elinquisnea. (A	fonth/Day/Year)	otherwise disp	nation of how interest osed of.	control or owne	ersnip was :	sala, lost a
		•	Not Applicable					
Are there any co-owners	of this foreign fina	ncial interest?		<u> </u>				
YES NO	_							
#1 Provide full name of co	o-owner.							
Last name		First r	ame		Middle name			Suffix
Provide the co-owner's	s current address.	(Provide City ar	d Country if outside the	e United States: othe	rwise, provide City, State	and Zip Code.)		i
Street		City	• · · · · · · · · · · · · · · · · · · ·	State	Zip Code	Country		
Provide your co-owner Country #1	's country(les) of (cilizenship. Count	,		Provide the natu		onship with	the co-ow
#2 Provide full name of co Last name	i-owner.	First n	ame		Middle name	l		Suffix
Provide the co-owner's	current address	(Provide City as	d Country if outside the	United States: other	rwise novide City State	and Zin Code i		
Street		City	,	State	Zip Code	Country		
Provide your co-owner	's country(ies) of o							
Country #1		Count	ry #2		Provide the natu	re of your relation	onship With	the co-aw
								
		·						
			:					
			:					
			:					
						,		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if your exponded "YES" to having fuelign financial interests (curch as stocks, properly, Investments, senk accounts, ownership or deprehending composate interests or businesses in which you had or have direct dented control or direct coverenting? (Exclude financial interests in composative filted misted interest that are publicly traced on a U.S. exchange.) Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children Provide the upper of financial interest was acquired (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of control or developed the cost (in U.S. dollars) are the time control or ownership was sold, last or otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide explanation of here interest control or ownership was sold, last otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide explanation of here interest control or ownership was sold, last otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide explanation of here interest control or ownership was sold, last otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide explanation of here interest control or ownership was sold, last otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide control of the ownership was sold, last otherwise disposed of. Provide the date control or ownership was relinquished. (Meshbaryway) Provide control or ownership was sold, last or otherwise, paneto (Dily, Sinta and Zip Code.) State Zip Code Country Provide the nature of your relationship with the co-ownership was country (tes) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ownership was country (tes) of citizenship. Country #2 Provide the nature of your relationship with the co-ownership was cou	ection 20A - Foreign Activities (Con	tinued)		:		· · · · · · · · · · · · · · · · · · ·
Specify (Check all that apply):	corporate entities, corporate interests	s or businesses) in which y	ou had or have direct contr	s stocks, property, inve ol or direct ownership?	estments, bank acco ? (Exclude financial i	unts, ownership of nterests in compani
Provide the type of financial interest. Provide the date acquired. (Month/Day/Year) Provide how the financial interest was acquired (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of provide the current value (in U.S. dollars) or the value at the time control or coverable was sold, lost or otherwise disposed of. Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was sold, lost otherwise disposed of. Provide the date control or ownership was sold, lost otherwise disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the late of control or ownership was sold, lost of the wild disposed of. Provide the nature of control or ownership was sold, lost of the wild disposed of. Provide the occurrent address. (Provide Cay and Country #2 Provide the United States althorise, provide City, State and Zip Code.) Street Provide the nature of your relationship with the co-ownership was provide City. State and Zip Code.] Provide the nature of your relationship with the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled to the controlled the co-ownership was controlled to the controlled the co-ownership was controlled to the controlled the co-ownership was sold, lost of the controlled the co-ownership was sold, lost of the wild the co-ownership was sold, lost of the controlled the co-ownership was sold, lost of the controlled the co-owne	Entry #2	•				
Provide how the financial interest was soculted (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of provide the current value (in U.S. dollars) or the value at the time control or cownership was sold, lost of or otherwise disposed of. Provide the date control or ownership was relinquished. (Month/say/rear) Est. Provide explanation of how interest control or ownership was sold, lost of the wide disposed of. Provide explanation of how interest control or ownership was sold, lost of the wide disposed of. Provide the converse of this foreign financial interest? Provide the full name of conowner. Last name First name First name First name Middle name Suffix State Zip Code Country Provide the nature of your relationship with the conowners country(les) of cilizenship. Provide full name of conowner. Last name First name Provide full name of conowner. Last name First name First name First name Provide full name of conowners. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Provide full name of conowner. Last name Provide full name of conowner. Provide full name of conowner. Last name Provide full name of conowner. Provide full name of conowner. Last name Provide full name of conowner. Provide full name of conowner. Last name Provide full name of conowner. Provide the nature of your relationship with the co-owner. Provide the nature of your relationship with the co-owner. Provide the nature of your relationship with the co-owner. Provide the nature of yo	Specify (Check all that apply):	Yourself Spou	rse Cohabitan	t Depende	ent children	
Provide the cost (in U.S. dollars) at time of Provide the current value (in U.S. dollars) or the value at the time control or comership was sold, lost or otherwise disposed of: Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide the date control or ownership was relinquished. (Month/Day/rear) Date Provide explanation of how interest control or ownership was sold, lost otherwise disposed of. Not Applicable Provide tuliname of co-owners. Provide full name of co-owners. City State Zip Code Country	Provide the type of financial interest.	, Pr	ovide the date acquired. (N	fonth/Day/Year)		
Provide the cost (in U.S. dollars) at time of sequisition. Eat	<u> </u>			Est.		
country #1 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #3 Provide the co-owner's country(les) of citizenship. Country #4 Country #4 Provide the nature of your relationship with the co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country life your co-owner's cou	Provide how the financial interest was	s acquired (such as purcha	se, gift, etc.).			
Provide the date control or ownership was relinquished. (Menthrosy/Yeer)					ue at the time contro	o) or
Date	•	Est.	•			
Are there any co-owners of this foreign financial interest? YES NO #I Provide full name of co-owner. Last name First name Middle name Suffix			Est, otherwise		est control or owners	ship was sold, lost (
YES NO #1 Provide full name of co-owner. Last name First name First name Middle name Suffix	Are there any co-owners of this foreign		vot Applicable			
Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country # outside the United States; otherwise, provide City, State and Zip Code.) Street Country #1 Country #2 Provide the nature of your relationship with the co-ow Provide full name of co-owner. First name Middle name Suffix		gii miericiai iiitaleati	· :		1	
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow				**************************************	·	
Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States: alterwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow	Last name	First name		Middle name	•	Suffix I
Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; altherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow						
Provide your co-owner's country(les) of citizenship. Country #1 Provide full name of co-owner. Last name First name First name First name First name First name City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country(les) of citizenship. Country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2			·	•	• •	•
Country #1 Country #2 Provide full name of co-owner. Last name First name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; alterwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country with the co-owner's co-owner's country with the co-owner's co-owner's co-owner's co-owner's co-owner's co-owner's co-owner's co-owner's c	arreer	City .	State	Zip Code	Country	
Country #1 Country #2 Provide full name of co-owner. Last name First name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country for the control of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2	Decide was a sund a sunt of	\ -5 -itibi-				
Provide the co-owner's current address. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow				Provide the n	ature of your relation	ship with the co-ow
Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow						Suffix
Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's provide the nature of your relationship with the co-owner's coun	Provide the co-owner's current add	dress. (Provide City and Cour	alry if outside the United States;	otherwise, provide City, S	itale and Zip Code.)	
Country #1 Country #2 Provide the nature of your relationship with the co-ow	Street	City	State	Zip Code	Country	
Country #1 Country #2 Provide the nature of your relationship with the co-ow						
	•	· ·		Provide the n	ature of your relation	ship with the co-ov
	·	•				
				•		
		•				
		•			ı	
				•		
	•					
	•	•				
	· '					•
· programment of the control of the	•	•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

b6 b7C

Section 20A - Foreign Activities - (Continued) 20A.2 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that XYES NO (If NO, Proceed to 20A.3) someone controlled on your behalf? Complete the following If you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. #1 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner. #2 Provide the full name of co-owner. Last name First name Suffix Provide the co-owner's current address. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip'Code.) Street City State Zip Code Country Provide the co-owner's country(les) of citizenship. Country #1 Provide your relationship with the co-owner. Country #2 069-68-8543

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

b6

b7C

Section 20A - Foreign Activities - (Continued) Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. Entry #2 #1 Provide the full name of co-owner. Middle name Suffix First name Last name Provide the co-owner's current address. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code.) City Street Country State Zip Code Provide the co-owner's country(les) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner. #2 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner.

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

5 CFR Paris 731, 732, and 736 Section 20A - Foreign Activities - (Continued) Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or X YES NO (If NO, Proceed to 20A.4) plan to purchase real estate in a foreign country? Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country. Entry #1 #2 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Gountry if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Provide the nature of your relationship with the co-owner. Country #2

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

Section 20A - Foreign Activities - (Continued) Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country. Entry #2 #2 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(les) of citizenship. Country #1 Provide the nature of your relationship with the co-owner. Country #2

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities	(Continued)	٠.		
	receive in the future, any		received in the past seven etirement, social welfare, or	YES NO (II NO, Proceed to 20A.5)
Complete the following if you res years, or are eligible to receive to				hildren received of the past seven (7) enefit from a foreign country.
Entry #1				
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dependent children
Provide the type of benefit.	☐ Educational	Medical	Retirement	Social Welfare
	Other such benefit	Provide explanation) >		
Provide the frequency of the benefit.	Onetime benefit (Co.	mplete (a))	uture benefit (Complete (b))	Continuing benefit (Camplete (c))
(a) If you have indicated that you			encolund a enciliar banefit fra	a feroing govern
Provide the date the benefit	Provide the name of		Provide the total value (in U.S.	Provide the reason this benefit
was received. (Month/Day/Yea	r) providing the bene-		dollars) of the benefit received.	was received.
	Est.		·	Est.
1	you, your spouse, your co s, provide explanation,	habitant, or dependant	children obligated in any way t	o this fareign country?
(b) If you have indicated that you	, your spouse, cohabitant	or dependent children	expect to receive a benefit from	n a foreign country:
Provide the date the benefit v	vill Provide the f	equency the benefit will	be received.	
begin. (Month/Day/Year)	Annually	Monthly	Other (Provide explan	ation) •
Provide the name of the coun	Est. Quarterly	<u> </u>	S dollars) of the	Provide the reason this benefit will be
1 10 Vide the Harrie of the Codi	n'y providing mis benefit.	benefit to be received.	.o. donaraj di tile	received,
			П	Est.
	you, your spouse, your co s, provide explanation.	habitant, or dependant o	children obligated in any way t	o this foreign country?
(c) If have indicated that you, you	ır spouse, cohabitant, or c	lependent children rece	ive a continuing or other bene	efit from a foreign country:
Provide the date the benefit b	egan. (Monih/Day/Year)	Provide the date	the benefit is expected to end	. (Month/Day/Year)
	·]Est.		☐Est.
Provide the frequency that thi	s benefit is received. Monthly	Other (Provid	le explanation) ▶	
Quarterly	Waekiy			
Provide the name of the coun benefit.		vide the total value (in land) nefit.	J.S. dollars) of	Provide the reason this benefit is being received.
•			☐Est.	T.
		habitant, or dependant o	children obligated in any way to	this foreign country?
YES If yes	, provide explanation.			
•		•		
				·
	•			
the very Capiel Consults Nove	har hafara salas to th	a navt naca		069-68-8543
iter your Social Security Num	per perore going to tr	ie next hage		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities,-	(Continued)			,	
Complete the following if you res years, or are eligible to receive in	ponded 'YES' to as a U.S. I the future, any education	citizen, you, your spous nal, medical, retirement,	e, cohabitant; or dependen social welfare, or other suc	t children received i h benefit from a fore	n the past seven (7) Ign country.
Entry #2					
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dapendent	children
Provide the type of benefit.	☐ Educational ☐ Other such benefit (☐ Medical Provide explanation) ▶	Retirement	Social Well	fare
Provide the frequency of the benefit.	Onetime benefit (Con	nplete (a)}	ture benefit (Complete (b))	Cantinuing	benefit (Complete (c))
(a) If you have indicated that you	, your spouse, cohabilant	or dependent children r	eceived a onetime benefit f	rom a foreign countr	у:
Provide the date the benefit was received. (Month/Day/Year	Provide the name of providing the benefits.		rovide the total value (in U. ollars) of the benefit receive		the reason this benefit ceived.
As a result of this benefit are		habitant, or dependant o	hildren obligated in any wa		ntry?
(b) If you have indicated that you,	, your spouse, cohabitant	or dependent children e	xpect to receive a benefit f	rom a foreign countr	y:
Provide the date the benefit w begin. (Month/Day/Year)	Annually Est. Quadedy		Other (Provide expl	anation) >	
Provide the name of the count	try providing this benefit.	Provide the value (in U. benefit to be received.	S. dollars) of the	Provide the received,	e reason this benefit will b
NO	, provide explanation.				
(c) If have indicated that you, you	r spouse, cohabitant, or c	ependent children recei	e a continuing or other be	enefit from a foreign	country;
Provide the date the benefit be		Provide the date	he benefit is expected to e	nd. (Month/Day/Year)	☐Est.
Provide the frequency that this Annually Quarterly	s benefit is received, Monthly Weekly	Other (Provide	explanation) •		
Provide the name of the count benefit.		vide the total value (in U refit.		Provide the reason received.	on this benefit is being
			Est.		
As a result of this benefit are y YES If yes,	ou, your spouse, your co , provide explanation.	habitant, or dependant c	nildren obligated in any wa	y to this foreign cour	atry?
	•	•			
•			•		
	•	•	•		
er vour Social Security Numb	per before going to th	e next page	·		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 20A - Fareign Activities - (Cantinued)						
A.6 Have you EVER provided financial supp	oort for any foreign national?			YES X	NO (If NO, proceed	d to 20.
Complete the following if you responded 'Yes'	to providing financial support for	any foreign nati	onal.			
Entry #1						
Provide the name of the foreign national you s Last name	support or have supported financia First name	ally.	Middle name		Suffix	,
Provide the address of the foreign national list	ed above, (Provide City and Country)	if outside the Unite	d States; otherwise, p	provide City, State and	d Zip Code.)	
Street	City	State	Zip Code	Country		
Provide the nature of your relationship with the	o foreign national listed above.	Provide the	amount (in U.S. do	ollars) of all financi	lal support provid	led.
	,					
Provide the frequency of your support.	Provide this foreign national's of Country #1	country(les) of c	itizenship. Country #2			
Entry #2			I			
Provide the name of the foreign national you s	support or have supported financia	ally,	A St. t. Ib		D. 15.	
.ast name	First name		Middle name		Suffix	
Provide the address of the foreign national list	ed shove /Provide City and Country	if outside the Units	d States otherwise in	muido Cibr State and	(7in Code)	
Street	City					
•		State	Zip Code	Country		
Provide the nature of your relationship with the			amount (in U.S. do		al support provid	led.
					al support provid	
		Provide the	amount (in U.S. do		al support provid	led,
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Have you in the past seven (7) years proforeign business or other foreign organization (Answer "No" if all your advice or support	ation that you have not prev t was authorized pursuant t	viously listed as a for official U.S. Gover	rmer employer?	YES NO (II NO.	
	plete the following if you responded 'Yes' to ess or other foreign organization that you t				individual associated	with a forei
Entry	#1				· · · · · · · · · · · · · · · · · · ·	
	de a description of advice/support provided	Provide the name of Last name	the individual to who First na	om advice or support was ame	provided. Middle name	Suffix
Provid	de the name of the foreign organization or clated.	foreign business with whor	n the individual is	Provide the country of original	gin for the organization	n or busine
	de the date(s) during which this advice or s Date (Month/Year) To Date (support was provided. Month/Year) Present Est.		ompensation, if any, was p	provided for your serv	ice.
Entry	#2					
Provid	de a description of advice/support provided	Provide the name of Last name	the individual to who First na	om advice or support was ame	provided, Middle name	Suffix
Provid associ	de the name of the foreign organization or clated.	foreign business with whor	n the individual is	Provide the country of ori	gin for the organizatio	n or busine
From	te the date(s) during which this advice or s Date (Month/Year) To Date (I	Manth/Year) Present		ompensation, if any, was p	I STOVILLED TOT YOUR SOL	ice,
or this c	question, 'Immediate Family' means your s	, bear of the second se	nts, siblings, half and	d step-siblings, children, s	itep-children, and coh	abitant.
OB.2	question, 'Immediate Family' means your s Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES 🗵 NO (II NO, p	roceed to 201
OB.2 Completen a	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES 🗵 NO (II NO, p	roceed to 20.
Compl been a	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official.	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES X NO (II NO, p	roceed to 20
Complibeen a Entry	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official.	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author by you, your spouse, cohabit sultant, even informally, by	te family in the past tily, by any foreign go orized pursuant to of tant, or any member any foreign governn	t seven (7) years Yeovernment filicial U.S. of your immediate family nent official or agency.	ES X NO (II NO, p	aven (7) ye
Complibeen a Entry Provide	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 te the name of the government official. ame	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment fficial U.S. of your immediate family nent official or agency. Middle name	ES X NO (II NO, p	oceed to 20. even (7) ye
Complibeen a Entry Provide	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official, ame the name of the agency. ce the date of the request. (Month/Year)	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment fficial U.S. of your immediate family nent official or agency. Middle name	ES X NO (II NO, p	oceed to 20. even (7) ye
Complete a Entry a Provide Provide Entry a	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official. ame the the name of the agency. the the date of the request. (Month/Year) Es #2 the the name of the government official.	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment fficial U.S. of your immediate family nent official or agency. Middle name	having in the past s Su nent official or agency	oceed to 200 even (7) ye
Complibeen a Entry: Provide Provide Provide Entry: Provide Last na	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official. ame the the name of the agency. the the date of the request. (Month/Year) Es #2 the the name of the government official.	spouse, parents, step-parents, member of your immediate a consultant, even informated a consultant, even informated a you, your spouse, cohabits sultant, even informally, by First name Provide the circumstant.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governn Provide the count ances of request.	t seven (7) years Yeovernment provernment provernment of your immediate family nent official or agency. Middle name ry with which the government	having in the past s Su nent official or agency	even (7) ye
Complete and Entry and Provide Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a consequence of the government official, ame e the name of the agency. e the date of the request. (Month/Year) Esemple:	spouse, parents, step-parents, step-parents, step-parents, step-parents, step-parents, even informated a consultant, even informated by you, your spouse, cohabits sultant, even informally, by First name Provide the circumstants.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count ences of request. Provide the count	t seven (7) years Ye overnment filicial U.S. of your immediate family nent official or agency. Middle name ry with which the government official or agency.	having in the past s Su nent official or agency	even (7) ye
Complete and Entry and Provide Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official. ame e the name of the agency. #2 e the date of the request. (Month/Year) Es #2 e the name of the government official. ame e the name of the government official.	spouse, parents, step-parents, step-parents, step-parents, step-parents, step-parents, even informated a consultant, even informated by you, your spouse, cohabits sultant, even informally, by First name Provide the circumstants.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count ences of request. Provide the count	t seven (7) years Ye overnment filicial U.S. of your immediate family nent official or agency. Middle name ry with which the government official or agency.	having in the past s Su nent official or agency	even (7) ye

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

job, asked you to ing in the past such that this offer nth/Year)	Middle name Did you accept the offer? YES Explanation	NO (If NO, proceed to 208 I you to work as a Suffix
hen this offer nth/Year) Est. United States; othe	Middle name Did you accept the offer? YES Explanation ▶ NO Explanation ▶	
nth/Year) Est. United States; othe	Did you accept the offer? YES Explanation > NO Explanation >	Suffix
nth/Year) Est. United States; othe	Did you accept the offer? YES Explanation > NO Explanation >	Suffix
nth/Year) Est. United States; othe	YES Explanation >	
	erwise, provide City, State and Zip Code.)	
	,	· · · · · · · · · · · · · · · · · · ·
	Middle name	Suffix
nth/Year)	Did you accept the offer? YES Explanation > NO Explanation >	
United States; othe Country	erwise, provide City, State and Zip Code.)	
	United States; other	nth/Year) YES Explanation > Est. NO Explanation > United States; otherwise, provide City, State and Zlp Code.)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Pr	rofessional Activities, and Foreign Gov	ernment Contacts - (Continued)	
national not described above	(7) years been involved in any other type e (own, co-own, serve as business consul	tant, provide financial support, etc.)?	YES NO (If NO, proceed to 208,5
Complete the following if you responsional not described above.	onded 'Yes' to having in the past seven ((7) years been involved in any other typ	e of business venture with a foreign
Entry #1			
Provide the full name of this foreign			
Last name	First name	Middle name	Suffix
·		·	
Provide the full current address of	this foreign national. (Provide City and Count		- · ·
Street	City	State Zip Code	Country
Provide the citizenship(s) of this fo	reign national.		
Country #1	Country #2		
•		•	
Provide a description of the busine	ss venture,	Provide v	our relationship to this foreign national
•	·		,
Drouids the leasth of time you have	been involved in the business venture.	Provide the nature of association with	Denuido the marking you hald
From Date (Month/Year)		this business venture,	Provide the position you held.
Est.		-	
Provide the service you provided.	Provide the financial support involved	Provide a description of what com	pensation was provided for your service
Entry #2			1 ·
Provide the full name of this foreign			
Last name	First name	Middle name	Suffix
	his foreign national. (Provide City and Count		
Street	City	State Zip Code	Country
Provide the citizenship(s) of this for		•	
Country #1	Country #2		
Provide a description of the busine	ss venture.	Provide	our relationship to this foreign national
Provide the length of time you have	been involved in the business venture.	Provide the nature of association with	Provide the position you held.
From Date (Month/Year)		this business venture.	
☐ Est.	Est.		
Drovide the service you provided	<u> </u>	d Provide a description of what com	population type arounded for your contra
Provide the service you provided.	Provide the financial support involved	Floring a description of what con-	pensation was provided for your service
•			
	•		
	•		
	•	•	
			•
	•		
		•	
	•		
	•		
			•
	·		
er your Social Security Number	er before going to the next page		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

seminars, or m	ne past seven (7) years att neetings outside the U.S.? (I te U.S. government.)	ended or participated in any Do not include those you at	conferences, trade stended or participated	shows, d in on official	YES	NO (if NO, praceed to 2
Complete the following or meetings outside t	ng if you responded 'Yes' to the U.S.	in the past seven (7) year			ny conferenc	es, trade shows, seminar
Entry #1						
Provide the name an	d description of event.	Provide the dates for the From Date (Month/Year)	event. To Date (Month/Yea	ri 🗀 Present	Provide the	purpose of the event.
		Est.	I .	Est.		
Provide the name of	sponsoring organization.	Provide the city where th	e event was held.	Provide the co	untry where th	ne event was held.
Was there any subse	equent contact with any fore	ion nationals as a result of t	the event?	<u> </u>		
	Provide explanation	Contact #1				
□ NO	for each contact.	Contact #2				
☐ 14O		Contact #3				
		Contact #4				
		COIRECT #4				
Entry #2	-1-111	Parada de la companya				
Provide the name an	d description of event.	Provide the dates for the From Date (Month/Year)	event. To Date (Month/Yea	r/ Present	Provide the	purpose of the event.
		Est.	1	Est.		
Provide the name of	sponsoring organization.	Provide the city where the	e event was held.		untry where th	e event was held.
	1				,	
YES -	Provide explanation for each contact	Contact #1	he event?			
YES	Provide explanation for each contact.	-	na eventy			
		Contact #1	ne event?			
		Contact #1 Contact #2	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?		1	
		Contact #1 Contact #2 Contact #3	ne event?		1	
		Contact #1 Contact #2 Contact #3	ne event?		1	
		Contact #1 Contact #2 Contact #3	ne event?		•	
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?		1	
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?		•	
		Contact #1 Contact #2 Contact #3	ne event?		1	
		Contact #1 Contact #2 Contact #3	ne event?			
		Contact #1 Contact #2 Contact #3	ne event?		•	
		Contact #1 Contact #2 Contact #3	ne event?		1	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - For	eign Business, Professional A	ctivities, and Fo	reign Government Contacts	· (Continued)	
	Immediate Family' means your s				children, and cohabitant
or this question, '	Immediate Family means your s	pouse, parents, s	ep-parents, sidings, nair and s	step-sibilings, children, step	-children, and conaditant.
foreign go or security contact w	or any member of your immedia vernment, its establishment (suc service, etc.) or its representati as for routine visa applications a preign travel on a U.S. passport.	ch as embassy, co ives, whether inside nd border crossing	insulate, agency, military servi le or outside the U.S.? (Answe	ce, Intelligence (1) (E3)	NO (If NO, Proceed to 208.
foreign governm	llowing if you responded 'Yes' to ent, its establishment (such as e or outside the U.S.				
Entry #1					
Provide the nam	e of the individual involved in the	e contact.	·		
Last name		First name		Middle name	Suffix
	tion of the contact. (Provide City as	=		•	
City		State .	Zip Code	Country	
Provide the date (Month/Year)	of contact,	Provide the fore Country #1	eign government(s) involved.	Country #2	
	of establishment (such as late, agency, military service,		nes of the foreign involved in contact.	Provide the purpose/ci	rcumstances of contact.
	ecurity service, etc.) involved.				t
Was there any s	ubsequent contact initiated by yo	ou, your immediate	e family member, or a represe	ntative of the foreign organ	ization?
☐YES	Provide the purpose of the sui	bsequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future of	onlact
☐ NO					·
Entry #2					
	e of the individual involved in the				
Last name		First name		Middle name	Suffix
Provide the locat City	ion of the contact. (Provide City an	nd Country if outside t State	he United States; atherwise, provide Zip Code	a Gity, State and Zip Code.) Country	
Provide the date (Month/Year)	of contact.	Provide the fore Country #1	ign government(s) involved.	Country #2	
	Est.				
embassy, consul	of establishment (such as ate, agency, military service, curity service, etc.) involved.		nes of the foreign Involved in contact.	Provide the purpose/cl	cumstances of contact.
Was there any su	absequent contact initiated by yo	ou, your immediate	family member, or a represer	ntative of the foreign organi	zation?
☐YES —	Provide the purpose of the sub		Provide date of most recent contact (Month/Day/Year)	Provide plans for future c	
☐ NO		•	<u></u>		· · · · · · · · · · · · · · · · · · ·
					069-68-8543
er vour Social :	Security Number before go	ing to the next	page		409-00-0040

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Govern	ment Contacts - (Continued)
20B.7 Have you in the past seven (7) years sponsored any foreign national to for work, or for permanent residence?	come to the U.S. as a student, YES X NO (if NO, proceed to 208.8
Complete the following if you responded 'Yes' to in the past seven (7) years hawork, or for permanent residence.	aving sponsored any foreign national to come to the U.S. as a student, for
Entry #1	
Provide the name of the sponsored foreign national. Last name	Middle name Suffix
Provide the date of birth for the sponsored foreign national. Date (Month/Year)	
Date (Manth/Year) I don't know Est.	
Provide the place of birth for the sponsored foreign national. City State Zip Code Coun	itry (Required)
Provide the current street address of the sponsored foreign national. (Provide City	
Street City	State Zip Code Country
Provide the country(les) of citizenship for the sponsored foreign national. Country #1 Country #2	Provide the name of the organization through which sponsorship was arranged, if applicable.
Provide the address of the organization through which sponsorship was arrange	ed, if applicable. (Provide City and Country If outside the Not Applicable
United States; otherwise, provide City, State and Zip Code) Street City	State Zip Code Country
Provide the dates of stay in the U.S. for the sponsored foreign national.	
From Date (Month/Year) Est. To Date (Month/Year) From Date (Month/Year) Est.	
Provide the address of the sponsored foreign national while residing in the U.S.	State Zip Code
Street Gity	State Zip Code
Provide the purpose of stay in the U.S. for the sponsored foreign national.	Provide the purpose of your sponsorship for the sponsored foreign national.
,	
·	
or your Social Socurity Number before going to the payt page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

069-68-8543

Complete the following if you rest work, or for permanent residence		in the past s	even (7) year	rs having sponso	ored any fore	lgn nation	al to come to	the U.S	. as a student, f
intry #2							,		
Provide the name of the sponsor	red foreign natio	nal. First name			Middle	name			Suffix
· ·····								-	
Provide the date of birth for the	sponsored foreig	n national.							
ate (Month/Year)	l don't know								
	Est.								
Provide the place of birth for the City	sponsored forei		ode C	Country (Required)	I				
rovide the current street addres	ss of the sponso	red foreign nat	lonal. (Provide	City and Country	if outside the L	nited State	s: otherwise, p	rovide Cil	y, State and Zip C
Street		City		State	Zip Coo	e	Country		
				Pro	ilda tha nam	n of the e	ranjantina ti	henuah	
rovide the country(les) of citize country#1	nșnip ior ine spo Coi	insored foreigr untry #2	i nadonal.				rganization ti ranged, if ap		Not Applica
	ì					_			
rovide the address of the organ			ship was arra	nged, if applicab	le. (Provide C	ity and Cot	intry if outside	the	☐ Not Applica
inited States; otherwise, provide City Street	y, State and Zip Co	ode) City		State	Zip Co	de	Country		
	!	J,		7.00					
rovide the dates of stay in the l	IC forths as	paged farales	national						· · · · · · · · · · · · · · · · · · ·
Esi	1	inth/Year)	Present Est.						
rovide the address of the spons	t.		Est.	J.S. State	Zip Co	de	· · · · · · · · · · · · · · · · · · ·		
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsore	ed foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsore	ed foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsore	d foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
ravide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
ravide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
ravide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
ravide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State			rship for the	sponsare	d foreign nation
ravide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State	urpose of yo	ır sponso			ed foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State		ır sponso	rship for the		
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	Provide the p	urpose of yo	ır sponso			d foreign nation
rovide the address of the spons treet	t. sored foreign nat	ional while res City	Est.	State	urpose of yo	ır sponso			
rovide the address of the spons treet rovide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est.	Provide the p	urpose of yo	ır sponso			
Est	t. sored foreign nat	ional while res City	Est.	Provide the p	urpose of yo	ır sponso			
rovide the address of the spons treet rovide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est.	Provide the p	urpose of yo	ır sponso			
rovide the address of the spons treet rovide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est.	Provide the p	urpose of yo	ır sponso			
ravide the address of the spons treet rovide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est.	Provide the p	urpose of yo	ır sponso			
Provide the address of the spons street Provide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est. siding in the U	Provide the p	urpose of yo	ır sponso			
ovide the address of the spons reet ovide the purpose of stay in th	t. sored foreign nat	ional while res City onsored foreig	Est. siding in the U	Provide the p	urpose of yo	ır sponso			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3.8 Have you EVER held political office in	n a foreign country?	V	YES	NO (If NO, proceed to 20
Complete the following If you responded 'Ye	es' to having EVER held political	office in a foreign country.		
Entry #1			· · · · · · · · · · · · · · · · · · ·	
Provide the position held.	Provide the dates you held po	litical office.	Provide the	name of the country invol
•	From Date (Month/Year)		Present .	• •
	☐ Est.	1 —	Est.	
Provide the reason(s) for these activities.		Provide your current eligit	ollity to hold political off	ice in a foreign country.
			•	
Entry #2				
Provide the position held.	Provide the dates you held po	litical offica.	Provide the	name of the country invol
•	From Date (Month/Year)		Present	•
	Est,	i	Est.	•
rovide the reason(s) for these activities.		Provide your current eligib	ollity to hold political offi	ce in a foreign country.
		t		
3.9 Have you EVER voted in the election	of a foreign country?	· 	——————————————————————————————————————	
1.5 Plave you haven voted in the election	of a foreign country?		YES	NO (II NO, Proceed to 2
Complete the following if you responded 'Yo	es' to having EVER voted in the	election of a foreign country.		
intry #1				
Provide the date you voted in the foreign el	anting (Marth Mart	Provide the name of th	a acceptant lawning	
. To vide the date you voted in the loreigh et			e country involved.	
		st.		
Provide the reason(s) for these activities.		Provide your current el	igibility to vote in a fore	ign country.
				
intry #2				
Provide the date you voted in the foreign eli	nation Wheelt Mand	5 11 11 21		
revide the date you voted in the totalit fill	ecuan, (wantur rear)	Provide the name of the	e country involved.	
Towns the usic you voted in the foleigh en		ľ	e country involved.	
	Ecucit, (ivianui rear)	st.		
Provide the reason(s) for these activities.		st.	e country involved. Igibility to vote in a fore	ign country.
· ·		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
ovide the reason(s) for these activities.		st.		ign country.
ovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel	
Have you traveled outside the U.S. in the last seven (7) years?	21)
Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?	NO
Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.	
Entry #1	
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in the vision Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More than 30	ilt.
Greece 06/2014 ☐ Est. 07/2014 ☐ Est. ☐ 6-10 ☑ 21-30 ☐ Many short trip	os
Provide the purpose of the travel to this country (Check all that apply).	
☐ Business/Professional conference ☐ Education ☐ Trade shows, conferences, and seminars ☐ Other ☐ Volunteer activities ☐ Tourism ☒ Visit family or friends	
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? YES If yes, provide explanation.	
⊠ NO	ļ
While traveling to or in this country, were you involved in any encounter with the police?	\neg
☐ YES → If yes, provide explanation. 区 NO	
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? [YES	
⊠ NO	
While traveling to, or in this country, were you involved in any counterintelligence or security Issues not reported? YES ——— If yes, provide explanation. NO	
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your journey to the country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your journey. YES ————————————————————————————————————	b?
ĭ NO	\perp
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES	
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign	\dashv
intelligence or security service?	
YES If yes, provide explanation.	
⊠ NO	
Enter your Social Security Number before going to the next page 069-68-8543	\neg

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel - (Continu	red)		:	٠.	
Complete the following if you responde business. Provide information about all U.S. Government business.	d 'Yes' to having traveled o such trips made outside th	outside the U,S, in the e United States Includi	ast seven (7) years for othing personal trips made in c	ner than solely U.S. Gor onjunction with official	/emment
Entry #2					
Provide the country visited.	Provide the dates of your From Date (Month/Year)	travel to this country, To Date (Month/Year)	Provide the to	ntal number of days invo	olved in the visit. More than 30
Colombia	04/2011 Est.	04/2011	Est. 6-10		Many short trips
Provide the purpose of the travel to this	country (Check all that ap	ply).			ļ
Business/Professional conference	☐ Education X Tourism	☐ Trade show ☐ Visit family o	s; conferences, and semina	rs Other	
Volunteer activities				stome regulaments) by	the local
While traveling to, or in this country, we customs or security service officials who	en entering or leaving this	country?	or forner man for notting or	aroma redoriementa) o	Interiorar
YES	explanation.				
⊠ NO					
While traveling to or in this country, were		unter with the police?			•
YES If yes, provide	explanation.				
⊠ NO		4			ļ
While traveling to or in this country, wer intelligence, terrorist, security, or militar	e you contacted by, or in c y organizations?	ontact with any person	known or suspected of bei	ng involved or associate	d with foreign
YES If yes, provide				•	
ĭ NO	- •				
While traveling to, or in this country, we	re you involved in any cou	nterintejligence or secu	rity issues not reported?		
YES If yes, provide			•		ĺ
⊠ NO					
While traveling to or in this country, wer	e you contacted by or in c	ontact with anyone exh	ibiting excessive knowledge	a of or undue interest in	vou or vour inh?
YES If yes, provide	•	omase wan anyona ann	isting channelly thompag	or or andocomoración	700 01 7001 1001
I yes, provide	explantation,		•		
While traveling to or in this country, wer	e you contacted by, or in c	ontact with anyone atte	mpting to obtain classified	nformation or unclassif	ed, sensitive
information?					·
YES	explanation			,	
X NO			· · · · · · · · · · · · · · · · · · ·		
While traveling to, or in this country, we intelligence or security service?	re you threatened, coerced	l, or pressured in any w	ay to cooperate with a fore	gn government official	or foreign
YES	explanation.				
⊠ NO.					
				· · · · · · · · · · · · · · · · · · ·	
•					
•					•
•			•		•
			•		
	•				
			•		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the				
business. Provide information about all such trips made outside the United States includ U.S. Government business.	last seven (7) ye iling personal trips i	ars for other tha made in conjunc	n solely U.S. C tion with officia	Sovernment al
Entry #3				
Provide the country visited.	Pro	vide the total nu	mber of days i	nvolved in the v
From Date (Month/Year) To Date (Month/Year)	Present X	1-5	11-20	More than 3
Bulgaria 08/2008		6-10] 21-30 F	Many short t
Provide the purpose of the travel to this country (Check all that apply).	<u> </u>	<u> </u>	,	
	ws, conferences, a	nd cominare	Othe	
Volunteer activities	•	nu scrimins		
While traveling to, or in this country, were you questioned, searched, or otherwise detair customs or security service officials when entering or leaving this country?		normal customs	requirements)	by the local
YES - If yes, provide explanation.				
⊠ NO				
While traveling to or in this country, were you involved in any encounter with the police?	· · · · · · · · · · · · · · · · · · ·			
YES				
X NO			<u> </u>	
While traveling to or in this country, were you contacted by, or in contact with any person ntelligence, terrorist, security, or military organizations?	n known or suspec	ted of baing inv	olved or associ	ated with foreig
YES				
X NO				
While traveling to, or in this country, were you involved in any counterintelligence or sec YES If yes, provide explanation.	unty issues not rep			
While traveling to or in this country, were you contacted by, or in contact with anyone ex YES If yes, provide explanation.	hibiting excessive	knowledge of a	undue interes	t in yau or your
MO NO	empting to obtain o	alassified inform	ation or unclas	sified, sensitive
NO Nhile traveling to or in this country, were you contacted by, or in contact with anyone attended in the country of the contact with anyone attended in the country of t	empting to obtain o	classified inform	ation or unclas	sified, sensitive
NO Note traveling to or in this country, were you contacted by, or in contact with anyone at	empting to obtain o	alassified inform	ation or unclas	sified, sensitive
NO While traveling to or in this country, were you contacted by, or in contact with anyone attornation? YES If yes, provide explanation.	empting to obtain o	classified Inform	ation or unclas	sified, sensitive
NO While traveling to or in this country, were you contacted by, or in contact with anyone at normation? If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service?				
NO While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES — If yes, provide explanation.				
NO While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES — If yes, provide explanation.				
NO Inite traveling to or in this country, were you contacted by, or in contact with anyone at formation? YES If yes, provide explanation. NO Inite traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES If yes, provide explanation.				
/hile traveling to or in this country, were you contacted by, or in contact with anyone attemption? If yes, provide explanation. NO /hile traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go		
NO While traveling to or in this country, were you contacted by, or in contact with anyone attermation? YES If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go		
/hile traveling to or in this country, were you contacted by, or in contact with anyone attemption? If yes, provide explanation. NO /hile traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go		al or foreign
NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Notation in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
NO While traveling to or in this country, were you contacted by, or in contact with anyone at aformation? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
White traveling to or in this country, were you contacted by, or in contact with anyone attemation? YES If yes, provide explanation. NO White traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Notation in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note traveling to or in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note traveling to or in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
No While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note	way to cooperate w	vith a foreign go	vernment offici	al or foreign
No White traveling to or in this country, were you contacted by, or in contact with anyone at information? YES If yes, provide explanation. NO White traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Complete the following if you responded "Yes" to having traveled outside the U.S. in the lest seven (?) years for other than solely U.S. Government business. Provide this information about all such trips made outside the U.S. in the lest seven (?) years for other than solely U.S. Government business. Provide the dates of your travel to this country. From Date (Mether/Pres) To bate (Mether/Pres) Provide the total number of days involved in the visit. Provide the outside the country visited. Provide the other of D8/2008 Set 08/2008 Present 08/2008 Set 08/2	Section 20C - Foreign Travel - (Contin	ued)		1 :			
Provide the dates of your travel to this country. From Dete (Month/Year)	business. Provide information about a	ed 'Yes' to having traveled o Il such trips made outside th	outside the U.S. in the ne United States includi	last seven (7 ng personal t) years for other rips made in co	er than solely U. njunction with o	S. Government fficial
Macedonia From Date (Month/Year) OB/2008 Est. St.	Entry #4						
Macedonia O8/2008	Provide the country visited.	Provide the dates of your	travel to this country.		Provide the tot	al number of da	ys involved in the visit.
Macedonia		From Date (Month/Year)	To Date (Month/Year)	Present	X 1-5	11-20	More than 30
Business/Professional conference			<u> </u>	Est.	l	=	
Volunteer activities X Tourism Visit family or friends	Provide the purpose of the travel to thi	is country (Check all that ap	ply).				
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? YES	Business/Professional conference	Education Education	Trade show	/s, conference	es, and seminar	s 🔲 (Other
YES	☐ Volunteer activities	X Tourism	Visit family	or friends			
YES	YES - If yes, provide		ed, or otherwise detain country?	ed (other than	n for normal cus	toms requireme	ents) by the local
Intelligence, terrorist, security, or military organizations? YES If yes, provide explanation. White traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES If yes, provide explanation. NO White traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? YES If yes, provide explanation. NO White traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES If yes, provide explanation. If yes, provide explanation. White traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,	YES	•	ounter with the police?				
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES			contact with any person	known or su	spected of bein	g involved or as	socialed with foreign
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES	, I.,	e explanation.					
YES	, 	are you bustuad in any env	nterintelligance or sen	ichi laguna na	i recepted?		
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? YES	-	· · · · · · · · · · · · · · · · · · ·	itterrifeligence or sect	iiky issuas (iu	r reported r		
YES	⊠ NO						
If yes, provide explanation. YES	While traveling to or in this country, we	ere you contacted by, or in c	ontact with anyone ext	libiting exces	sive knowledge	of or undue inte	rest in you or your jab?
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES ————————————————————————————————————		•					
information? YES							
YES If yes, provide explanation. YES If yes, provide explanation. While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,	While traveling to or in this country, we	ere you contacted by, or in o	ontact with anyone atte	mpting to ob	tain classified in	iformation or un	classified, sensitive
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,			•	, -	•		
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES ————————————————————————————————————	YES If yes, provide	explanation.					
Intelligence or security service? YES ————————————————————————————————————	⊠ NO					•	
YES ——— If yes, provide explanation,	While traveling to, or in this country, we	ere you threatened, coerced	i, or pressured in any v	vay to cooper	ate with a foreig	n government o	ifficial or foreign
X NO		explanation,					
	IX] NO				٠.		
	•						•
							•
		•	•				
	•						
							\sim
			•		**		

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

b6

b7C

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 21 - Psychological and Emotional Health Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. 21.1 In the last seven (7) years, have you consulted with a health care professional regarding an X YES NO (If NO, proceed to Section 22) emolional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered: - strictly marital, family, grief not related to violence by you; or - strictly related to adjustments from service in a military combat environment Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No. Complete the following if you responded 'Yes' to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition. Entry #1 Provide the dates of counseling or treatment. Provide the telephone number of the health care professional. Provide the name of the health . care professional. International or DSN phone number 🛛 Day 🔲 Night From Date To Date X Present Extension (Month/Year) (Month/Year) 04/2014 Est. ☐ Est. Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country 210 E Harvard Blvd Santa Paula Provide the name of agency/organization/facility where counseling/treatment was provided. Community Memorial Health Clinic (for Anxiety) X Same as above Provide the address of agency/organization/facility provider. (Provide City and Country If outside the United States; otherwise, provide City, X Same as above State and Zip Code) Street Zip Code City State Country Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided? NO You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary? Voluntary Involuntary Explanation > Entry #2 Provide the dates of counseling or treatment. Provide the name of the health Provide the telephone number of the health care professional. care professional. International or DSN phone number Day Night From Date To Date (Month/Year) (Month/Year) Present Telephone number Extension ☐ Est. ☐ Est. Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zlp Code Country Provide the name of agency/organization/facility where counselling/treatment was provided. Same as above Provide the address of agency/organization/facility provider, (Provide City and Country if outside the United States; otherwise, provide City, Same as above State and Zip Code) Zip Code Country Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided? You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary? ☐ Involuntary Voluntary Explanation >

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following i		ER declared you mentally inc	ombaretir t	U YES	NO (If NO, proceed to Section 22)
	if you responded 'Yes' t	o having a court or administra	ative agency EVER	declare you mentall	y Incompetent.
Entry #1					
Provide the date this occ	curred. (Month/Year)	Provide the name of the cour	t or administrative a	gency that declared	you mentally incompetent.
Provide the address of to Street		ve agency. (Provide City and C City	Country if autside the Un State	nited States; otherwise Zip Code	, provide City, State and Zip Code) Country
Was this matter appeale	ed to a higher court?				
Appeal #1					
Provide the name o	f the court.		Provide the	final disposition.	
Provide the address Street	of the court. (Provide C	City and Country if outside the Uni City	ited States; otherwise, State	provide City, State and Zip Code	i Zip Code) Country
Appeal #2		<u> </u>	<u>,,, l,,</u>	<u> </u>	
Provide the name o	f the court.		Provide the	final disposition.	
Provide the address Street	of the court. (Provide C	ily and Country if outside the Uni City	lted States; otherwise, State	provide City, State and Zip Code	I Zip Code) Country
Provide the date this occ Provide the address of the Street	Est.	Provide the name of the cour re agency. (Provide City and C Dity			
	. 1	· ·		. 1	1
•					
YES NO (III I	ed to a higher court?				
• •	NO, proceed to Section 22		Provide the	final disposition.	
YES NO (II I Appeal #1 Provide the name of	NO, proceed to Section 22,	ity and Country if oulside the Uni City		· · · · · · · · · · · · · · · · · · ·	(Zip Code) Country
Appeal #1 Provide the name of Provide the address Street	NO, proceed to Section 22,	ity and Country if outside the Uni	iled States; otherwise,	provide Cily, State and	
Appeal #1 Provide the name of Provide the address Street	NO, proceed to Section 22, If the court. Sof the court. (Provide C	ity and Country if outside the Uni	iled Stales; otherwise, State	provide City, State and Zip Code	
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of	NO, proceed to Section 22, of the court. of the court. (Provide Court of the court.)	ity and Country if outside the Uni City	State Provide the	provide City, State and Zip Code final disposition.	Country
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of	NO, proceed to Section 22, of the court. of the court. (Provide Court of the court.)	ity and Country if outside the Uni	State Provide the	provide City, State and Zip Code final disposition.	Country
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of Provide the name of Provide the name of Provide the address	NO, proceed to Section 22, of the court. of the court. (Provide Court of the court.)	ity and Country if outside the Uni City 	Provide the	provide City, State and Zip Code final disposition.	Country Zip Code}
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of Provide the address	NO, proceed to Section 22, of the court. of the court. (Provide Court of the court.)	ity and Country if outside the Uni City 	Provide the	provide City, State and Zip Code final disposition.	Country Zip Code}

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

R Parts 731, 732, and 736	ITATIONAL	JE-001111	1 1 0011	10110		
ection 22 - Police Record						
or this section report information regardles e charge was dismissed. You need not rep der the authority of 21 U.S.C. 844 or 18 U	ort convictions under the F	ederal Contro	lled Substanc	es Act for which th	e court issu	
1.1 Have any of the following happened pertains to the actions that are iden	d? (if 'Yes' you will be asked tifled below.)	d to provide de	tails for each	offense that	YES	NO (If NO, proceed to 22.2
- In the past seven (7) year against you? (Do not check alcohol or drugs) - In the past seven (7) year	if all the citations involved t	traffic infractio	ns where the	fine was less than	\$300 and d	id not include
official? - In the past seven (7) year charges convictions or sent - In the past seven (7) year - Are you currently on trial or	s have you been charged, o ences in any Federal, state s have you been or are you	convicted, or s , local, military , currently on p	entenced of a	crime in any cour court, even if prev	t? (include :	all qualifying
Entry #1		· · · · · · · · · · · · · · · · · · ·				
Provide the date of offense. (Month/Year)	Provide a descr	ription of the s	pecific nature	of the offense.		
·	[] Est	····	······································	···		
(a) Did this offense involve any of the following	owing?					
YES NO					•	
(Check all that apply.)						
Domestic violence or a crime of vi someone with whom you share a		assault) again:	st your child, (dependent, cohabi	tant, spouse	e, former spouse, or
Involve firearms or explosives?	•				•	
Involve alcohol or drugs?						
Provide the location where the offense						ity, State and Zip Code)
City	County	ı	State	Zip Code	Country	
						· · · · · · · · · · · · · · · · · · ·
(b) Were you arrested, summoned, cited, type of law enforcement official?		o appear as a	result of this	offense by any pol	ice officer, s	sheriff, marshal or any other
YES NO (If NO, proceed to (c)	,		<u> </u>			·
Provide the name of the law enforcem	ent agency that arrested/cit	ed/summoned	l you.			
Provide the location of the law enforce	ment agency. (Provide City a	and Country if or	itside the United	d States; otherwise, p	rovide City, C	County, State and Zip Code)
City	County		State	Zip Code	Country	
	,					•
 c) As a result of this offense were you ch 	arged, convicted, currently	awaiting trial,	and/or ordere	d to appear in cou	rt in a crimir	nal proceeding against you?
YES Provide the name						
(If YES, complete (c	•					•
Provide explanate	OII P					
(c.1) Provide the location of the court. City	(Provide City and Country If ou County	Iside the United	States; otherw State	ise, provide City, Con Zip Code	<i>inty, State an</i> Countr	
	<u> </u>					
Provide all the charges brought aga dropped or "nolle pros," etc). If you offense.	inst you for this offense, and were found guilty of or plead	d the outcome ded guilty to a	e of each char lesser offens	ged offense (such e, list separately b	as found gr oth the origi	illy, found not-guilty, charge nal charge and the lesser
Felony/misdemeanor	Charge			Outcome		Date (Month/Year)
				······································	· · · - · · · · · · · · · · · · · · · ·	☐ Est
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			-			Est
<u> </u>						
			· · · · · · · · · · · · · · · · · · ·			Est
u vorm Ondal (Onwells Nove bester bes	ove going to the wayt -	200				069-68-8543
r your Social Security Number befo	ore going in the next pi	ayu				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ection 22 - Police Record - (Continued)
	Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and clid not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer, sherlif, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously ilsted on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges?
	(d) Were you sentenced as a result of this offense?
- HILL 12	YES (If YES, complete (d.1)) NO (If NO, complete (d.2))
1	(d.1)
	Provide a description of the sentence.
	Were you sentenced to imprisonment for a term exceeding 1 year?
	Were you incarcerated as a result of that sentence for not less than 1 year?
ľ	If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Present
	actually were incarcerated.
I	If conviction resulted in probation or parole, provide the dates of Not Applicable From Date (Month/Year) To Date (Month/Year) Present
	probation or parole.
	(d.2)
	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?
	Provide explanation.

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - in the past seven (7) years have you been arrested by any police officer; sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense. ☐ Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? invalve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) State County Zip Code Country (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) State Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. (If YES, complete (c.1)) Provide explanation > (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) County State Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense. Felony/misdemeanor Charge Outcome Date (Manth/Year) Est Est. ☐ Est. ☐ Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

plete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summore (Do not check if all the citations involved traffic infractions where the past seven (7) years have you been arrested by any properties of sentences in any Federal, state, local, military, or non-U.S. - In the past seven (7) years have you been or are you currently an trial or awaiting a trial on criminal charge of your sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) Provide a description of the sentence.	ere the fine was less police officer, sheriff, ed, or sentenced of a court, even if previously on probation or p	than \$300 and did not inclu- marshal or any other type of crime in any court? (Includ- usly listed on this form).	de alcohol or drugs) If law enforcement official?
YES (If YES, complete (d.1)) NO (If NO, complete (d.2))			
i.1)			
Provide a description of the sentence.			
Vere you sentenced to imprisonment for a term exceeding 1 year?			YES NO
Vere you incarcerated as a result of that sentence for not less than 1	year?		YES NO
the conviction resulted in imprisonment, provide the dates that you ctually were incarcerated.	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Prese
conviction resulted in probation or parole, provide the dates of robation or parole.	Not Applicable		To Date (Month/Year) Prese
i.2)			
re you currently on trial, awaiting a trial, or awaiting sentencing on c	riminal charges for th	nis offense?	YES NO
rovide explanation.			
	the conviction resulted in imprisonment, provide the dates that you ctually were incarcerated. conviction resulted in probation or parole, provide the dates of robation or parole. 4.2). re you currently on trial, awaiting a trial, or awaiting sentencing on c	conviction resulted in probation or parole, provide the dates of Not Applicable robation or parole. 1.2) The you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for the content of t	the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) ctually were incarcerated. Est Conviction resulted in probation or parole, provide the dates of Not Applicable From Date (Month/Year) robation or parole. Est. 1.2) The you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Bits 101, 102, 810 100				
	on 22 - Police Record - (Co				
2,2		s already listed, have you EVER had the on convicted in any court of the United S	e following happen to you? States of a crime, sentenced to imprisonme	YES	NO (if NO, proceed to 2)
	that crime, and incar local, or military cour	cerated as a result of that sentence for t, even if previously listed on this form)	not less than 1 year? (include all qualifying	convictions	s In Federal, state,
	civilian felony offens		clude those under the Uniform Code of Mill	HIY JUSTICE	ano non-militaryi
	child, dependent, col - Have you EVER bee	habitant, spouse, former spouse, or sor in charged with an offense involving fire	nestic violence or a crime of violence (such meone with whom you share a child in com earms or explosives?		or assault) against your
	- Have you EVER bes	n charged with an offense involving alo	cohol or drugs?		
	try #1				
Pro	ovide the date of offense. (Mo	mith/Year) Provide a descrip	ation of the specific nature of the offense.		
(a)	Did this offense involve any	of the following?			
	YES NO				
	(Check all that apply).				
:	Domestic violence or a with whom you share a		sault) against your child, dependent, cohab	itant, spous	e, former spouse, or someo
	Involve firearms or explo	oslves?			
	Involve alcohol or drugs	?			
	Provide the name of the cou	irt.		·	
	Provide the location of the c	ourt. (Provide City and Country if outside the	e United States; otherwise, provide City, County,	State and Zio	Cade)
	City	County	State Zip Code	Country	
	Provide all the charges br charge dropped or "nolle offense separately.	ought against you for this offense, and oros," etc). If you were found guilty of o	the outcome of each charged offense (suc r pleaded guilly to a lesser offense, list both	n as found g n the origina	uilty, found not-guilty, or il charge and the lesser
	Felony/misdemeanor	Charge	Outcome	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date (Month/Year)
					
					
h)	Were you sentenced as a re	rult of these charges?			<u> </u>
٠,					
	YES (If YES, complete (b.	1)) NO (If NO, complete (b.2))			· · · · · · · · · · · · · · · · · · ·
	(b.1) Provide a description of the	polonea			
	i Tovide a description of the :	· ·			
-	Were you sentenced to impr	sonment for a term exceeding 1 year?			YES NO
•	Were you incarcerated as a	result of that sentence for not less than	1 year?		☐ YES ☐ NO
	If the conviction resulted in in actually were incarcerated.	nprisonment, provide the dates that you	u Not Applicable From Date (Month,	Year) To	o Date <i>(Month/Year)</i>
	f conviction resulted in proba	ation or parole, provide the dates of	Not Applicable From Date (Month	Year) To	o Dale (Month/Year) Pre
i	b.2)				
-		alting a trial, or awaiting sentencing on	criminal charges for this offense?		YES NO
Ī	rovide explanation.				
		<u> </u>			· · · · · · · · · · · · · · · · · · ·
		her before going to the next na		. - 7	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Sec	tion 22 - Police Record - (C	ontinued)			,					
E	ntry #2									
P	rovide the date of offense. (A	fonth/Year)	Provide a description	on of the spe	cific nature	of the offe	nse.			
(e	i) Did this offense involve an	y of the following?								
	YES NO	:		······································						
	(Check all that apply),									
	Domestic violence or a with whom you share a		uch as battery or assa	ult) against :	your child,	dependent,	cohabitar	ıt, spouse, f	ormer spous	e, or someone
	Involve firearms or exp	losives?								
	Involve alcohol or drug	ś?							·	
	Provide the name of the co	ourt								
	Provide the location of the	court. (Provide City an	d Country if outside the L	Inited States;	otherwise, pr	rovide City, C	County, Stat	e and Zip Co	de)	
	City	Count			ate	Zip Code		Country		
									<i>,</i>	
	Provide all the charges to charge dropped or "nolle offense separately.									
	Felony/misdemeanor	Ch	argė			Outcorr	e		Date	(Month/Year)
										Est.
										Est.
1			· ·						•	Est.
			•							☐ Est.
(b) Were you sentenced as a r	esult of these charge	is?	·						
	YES (If YES, complete (O, complete (b.2))		···			<u> </u>		
	(b.1)									
	Provide a description of the									
	Were you sentenced to imp	orisonment for a term	exceeding 1 year?		***************************************				YES	□NO
	Were you incarcerated as a	· · · · · · · · · · · · · · · · · · ·							YES	□NO
	If the conviction resulted in actually were incarcerated.	Imprisonment, provid	de the dates that you	`	oplicable F		. 🗆	Est.	ala (Month/Ye	ar) Present Est.
	If conviction resulted in pro- probation or parole.	bation or parole, prov	vide the dates of	☐ Not Ap	oplicable F	rom Dale		er) To D	ate (Month/Ye	ar)
	(b.2)									
	Are you currently on trial, a	waiting a trial, or awa	alting sentencing on cr	iminal charg	es for this	offense?			☐ YES	NO
	Provide explanation,									
										
		• •								
•			·							
		٠								
			•							
					•					
	,		•					r	500.00	2545
nter	vour Social Security Nu	mber before goin	g to the pext page					• I	069-68-	0043

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Farm approved: OMB No. 3206 0005

069-68-8543

ection 22 - Police Record - (Continued)						
2.3 Is there currently a domestic violence p	rotective order o	or restraining order iss	ued against you?	☐ YES	NO (II NO	, proceed to Section 2
Complete the following if you responded 'Yes'	to currently hav	ring a domestic violen	ce protective order or t	estraining orde	r Issued again	st you?
Entry #1						
Provide explanation.		•	·			
Provide the date the order was issued. (Month.	/Year)	Provide the name of	f the court or agency th	nat issued the o	rder.	
·	Est.	1				
Provide the location of the court or agency that	et issued the ord	er (Provide City and Cor	unity if autside the United	States: otherwise	nrovide City S	lale and Zin Codel
City	State	Zip Code	Country		, pranta ang t	,,
			}			
Entry #2			<u> </u>			
Provide explanation.	· · · · · · · · · · · · · · · · · · ·					
Frovide exhibition,						•
		Denilde the con-	6 AL		-1-	
Provide the date the order was issued. (Months	/Year) Est.	Provide the name of	the court or agency the	iat issued the d	raer.	
				. •		
Provide the location of the court or agency the City	it issued the orde State	er: (Provide Cily and Col Zip Code		States; otherwise	, provide City, S	tale and Zip Code)
Ony	State	, Zip Code	Country			
			<u> </u>			
Entry #3						
Provide explanation.						
	•					•
Provide the date the order was Issued. (Month)		Provide the name of	f the court or agency th	rat issued the o	rder.	
	Est.					
Provide the location of the court or agency tha	it issued the ord	er, (Provide City and Co	untry if outside the United	States; otherwise	, provide City, S	tate and Zip Code)
City	State	Zip Code	Country			
Entry #4						
⊃rovide explanation.						
	•		,			
Provide the date the order was issued. (Month)	(Year)	Provide the name of	the court or agency th	at issued the o	rder.	
	· Est.			h.		
Provide the location of the court or agency that	it issued the orde	er IBmulde City and Cou	intry if putside the United	States: otherwise	nroulde City S	Inie and Zin Codel
City	State	Zip Code	Country	Marian, Sinci Mac	, provide dily, e	idic diid Zip Odder
•			-		•	
		L	<u></u>			
		•				•
					,	
•				,		
		•	•		× 1	
• .						
·	•					
	•					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

CFR Parts 731, 732, and 736	NATIONAL SECURITY	YPOSITION	ა			
Section 23 - Itlegal Use of Drugs and Drug Activit	ty					
We note, with reference to this section, that neither y evidence against you in a subsequent criminal proce government. The following questions pertain to the it	eding. As to this particular section	, this applies wheth	her or not you are currently	employed by the		
23.1 In the last seven (7) years, have you lilegate controlled substance includes injecting, sno consuming any drug or controlled substance.	orting, inhaling, swallowing, experin			NO (If NO, proc	eed (a 23.2)	
Complete the following if you answered 'Yes' to In	the last seven (7) years having	illegally used a dru	g or controlled substance.		-	
Entry #1						
Provide the type of drug or controlled substance.						
Cocaine or crack cocaine (Such as rock, freet		,	as barbliurates, methaquat		etc.)	
THC (Such as marijuana, weed, pot, hashish,		- ,	h as LSD, PCP, mushroom	s, etc.)		
Ketamine (Such as special K, jet, etc.)		teroids (Such as th			,	
Narcotics (Such as opium, morphine, codelne	, heroin, etc.)	ihalants (Such as to	oluene, amyl nitrate, etc.)			
Stimulants (Such as amphetamines, speed, c	· · · · · ·	ther (Provide expl				
	de an estimate of the month and of most recent use. (Month/Year)	Provide	e nature of use, frequency,	and number of tir	nes used.	
☐ Est.	·	Est.				
Was your use while you were employed as a law of a position directly and immediately affecting the pure street in the pure stre		r courtroom official,	or while in	YES	□NO	
Was your use while possessing a security clearan	ce?	•		YES	□NO	
Do you intend to use this drug or controlled substa	ance in the future?		,	YES	□ NO	
Provide explanation of why you inlend or do not in	itend to use this drug or controlled	substance in the fe	uture.			
			ı			
Entry #2						
Provide the type of drug or controlled substance,						
Cocaine or crack cocaine (Such as rock, freet		·	as barbiturates, methaquaid	• •	etc.)	
THC (Such as marijuana, weed, pot, hashish,	•	- ,	h as LSD, PCP, mushroom	s, etc.)		
Ketamine (Such as special K, jet, etc.)		Steroids (Such as the clear, juice, etc.)				
Narcotics (Such as opium, morphine, codeine		,	oluene, amyl nitrate, etc.)			
Stimulants (Such as amphetamines, speed, cr		ther (Provide expl				
and year of first use. (Month/Year) year of	de an estimate of the month and of most recent use. (Month/Year)		e nature of use, frequency,	and number of tin	nes used.	
Est.		Est.				
Was your use while you were employed as a law e a position directly and immediately affecting the pu	ublic safety?	courtroom official,	or while in	YES	Пио	
Was your use while possessing a security clearant	ce?		•	YES	□ио	
Do you intend to use this drug or controlled substa	ance in the future?			YES	Пио	
Provide explanation of why you intend or do not in	tend to use this drug or controlled	substance in the fo	uture.			
			····	<u></u>		
•	•		•			
		•				
	•					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Us 23.2 In the last se	ven (7) years, have you be	en involved in the illegal purc	hase, manufacture, cultivati	on, YES	NO (If NO, proceed to
		receiving, handling or sale of in the last seven (7) years			facture, cultivation
		ing, handling or sale of a drug		megai putchase, manu	lactore, Cutivation,
Entry #1		<u>.</u> :			
	frug or controlled substance		□ man a commuta (man tara)	1 15 4 4	
	k cocalne (Such as rock, fre				elone, tranquilizers, etc.)
	narijuana, weed, pot, hashis	ih, etc.)		as LSD, PGP, mushroo	ms, etc.)
Ketamine (Such	as special K, jet, etc.)		Steroids (Such as the	clear, juice, etc.)	
Narcotics (Such	as opium, morphine, codeli	ne, heroin, etc.)	Inhalants (Such as tolu	uene, amyl nitrate, etc.)	
Stimulants (Such	h as amphetamines, speed,	crystal meth, ecstasy, etc.)	Other (Provide explan	nation) >	
Provide an estimate year of first involvem		Provide an estimate of the of most recent involvement		Provide the nature an	d frequency of activity.
•	☐ Est.		Est.		
Provide the reason(s	s) why you engaged in the a	ctivity		· · · · · · · · · · · · · · · · · · ·	
	nt while you were employed immediately affecting the pu	l as a law enforcement office ublic safety?	r, prosecutor, or courtroom (official, or while in a	YES NO
Was your involvemen	nt while possessing a secur	ity clearance?			YES NO
Do you intend to eng	gage in this activity in the fut	ture?	,		
☐ YES →	Provide explanation.				
☐ YES →					
NO Entry #2	Provide explanation.				
NO Entry #2 Provide the type of dr	Provide explanation. rug or controlled substance.				
NO Entry #2 Provide the type of dr Cocaine or crack	Provide explanation. rug or controlled substance. cocalne (Such as rock, free	ebase, etc.)	Depressants (Such as l		
NO Entry #2 Provide the type of dr Cocaine or crack	Provide explanation. rug or controlled substance.	ebase, etc.)	Depressants (Such as I		
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma	Provide explanation. rug or controlled substance. cocalne (Such as rock, free	ebase, etc.)	. <u></u>	s LSD, PCP, mushroon	
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish	ebase, etc.) 1, etc.)	Hallucinogenic (Such a	s LSD, PCP, mushroon slear, juice, etc.)	
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such a	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein	ebase, etc.) 1, etc.)	Hallucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu	s LSD, PCP, mushroon dear, juice, etc.) ene, amyl nitrate, etc.)	
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a	Provide explanation. rug or controlled substance. cocaine (Such as rock, free artjuana, weed, pot, hashish as special K, jet, etc.) as oplum, morphine, codeine as amphetamines, speed, of	ebase, etc.) 1. etc.) e, heroin, etc.)	Halfucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolucy Other (Provide explanation)	s LSD, PCP, mushroon dear, juice, etc.) ene, amyl nitrate, etc.)	ns, etc.)
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a	Provide explanation. rug or controlled substance. cocaine (Such as rock, free artjuana, weed, pot, hashish as special K, jet, etc.) as oplum, morphine, codeine as amphetamines, speed, of	ebase, etc.) a, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the r	Halfucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolucy Other (Provide explanation)	s LSD, PCP, mushroon clear, juice, etc.) ene, amyl nitrate, etc.) ation) >	ns, etc.)
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such Provide an estimate o year of first involveme	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year)	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement.	Hallucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year)	s LSD, PCP, mushroon clear, juice, etc.) ene, amyl nitrate, etc.) ation) >	ns, etc.)
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such a Provide an estimate o year of first involveme	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the acceptance.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement,	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	ns, etc.)
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Narcotics (Such as Stimulants (Such as Provide an estimate o year of first involvement Provide the reason(s) Was your involvement position directly and in	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed a	ebase, etc.) a, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the rof most recent involvement, ethics as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	ns, etc.)
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as or estimate or year of first involvement) Provide the reason(s) Was your involvement position directly and in	Provide explanation. rug or controlled substance. cocaine (Such as rock, free artjuana, weed, pot, hashish as special K, jet, etc.) as oplum, morphine, codeing as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act the while you were employed.	ebase, etc.) a, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the rof most recent involvement, ethics as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	ns, etc.) d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Narcotics (Such as Stimulants (Such Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free artjuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeing as amphetamines, speed, cof the month and ent. (Month/Year) Est. why you engaged in the act the while you were employed ammediately affecting the put the while possessing a securit	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Narcotics (Such as Stimulants (Such Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.
NO Entry #2 Provide the type of dr Cocaine or crack THC (Such as ma Ketamine (Such as Stimulants (Such as Stimulants (Such as restimate of provide an estimate of year of first involvement) Was your involvement Was your involvement Do you Intend to enga	Provide explanation. rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codeine as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the activity in the fulluate in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage in this activity in the fulluage.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, stivity as a law enforcement officer, blic safety? cy clearance?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu- Other (Provide explana- month and year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	d frequency of activity.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

FR F815 / 51, /32, 800 /	·····			
Section 23 - Illegal Us	e of Drugs and Dr	ug Activity • (C	Continued)	
	R illegally used or security clearance of			a drug or controlled substance while YES NO (If NO, proceed to
Complete the following possessing a security	ng if you responded y clearance, other t	l 'Yes' to having han previously	g EVER illegall listed.	ly used or otherwise been involved with a drug or controlled substance while
Entry #1				
Provide a description	of your involvemen	t.	•	
Provide the dates of I		(Month/Year)		Provide an estimate of the number of times you used and/or were involved with t drug or controlled substance while possessing a security clearance.
•	Est.	. (14(0)1011 1 = 21)	Present	, and a second of the second o
Entry #2				
Provide a description	of your involvemen	t.		
Provide the dates of i				Provide an estimate of the number of times you used and/or were involved with the
From Date (Month/Ye	1	(Month/Year)	Present	drug or controlled substance while possessing a security clearance.
느				
employed as a		fficer, prosecut	or, ar courtroo	a drug or controlled substance while YES NO (If NO, proceed to 2 on official; or while in a position directly and sted?
Complete the following as a law enforcement listed.	ng if you responded t officer, prosecutor	'Yes' to having	g EVER Illegali official; or whil	ly used, or otherwise been involved with a drug or controlled substance while empir le in a position directly and immediately affecting the public safety other than previous
		· · · · · · · · · · · · · · · · · · ·	~	
Entry #1		· .		
Provide a description	of the drugs or cor	itrolled substan	ices used and	your involvement.
Provide the dates of	nuclus monthus			Draylda as antirario of the supplier of the su
From Date (Month/Ye		(Month/Year)	Present	Provide an estimate of the number of times you used and/or were involved with tidrug or controlled substance while employed in this capacity.
<u>.</u>	Est.		Est.	
Entry #2	····		······································	
Provide a description	of the drugs or cor	trolled substan	ices used and	your involvement.
•				
Provide the dates of i	nvolvement/use.			Provide an estimate of the number of times you used and/or were involved with ti
From Date (Month/Y		(Month/Year)	☐ Present	drug or controlled substance while employed in this capacity.
ſ	Est.		Est.	
			•	
		•		•
			•	•
			•,	
		•		
			•	
			•	
		•		
			•	·
	** ** * * * * * * * * * * * * * * * * *	£		069-68-8543
r your Social Sec	urity Number be	tore going a	o ine nexi bi	aye

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 23 - Illegal Use of Drugs and Drug Activity - (Continued)	N			
.5 In the last seven (7) years have you intentionally engaged in whether or not the drugs were prescribed for you or someone	else?		NO (II NO. pro	······
Complete the following if you responded 'Yes' to in the last seven (' of whether the drugs were prescribed for you or someone else.	7) years having Intentionally engaged in	the misuse of prescr	iption drugs, re	gardless
Entry #1				
Provide the name of the prescription drug that you misused.				
Provide the dates of involvement/use	Provide the reason(s) for and circums	stances of the misus	of the prescrip	tion dru
From Date (Month/Year) To Date (Month/Year) Present				
Was your involvement while you were employed as a law enforceme position directly and immediately affecting the public safety?	int officer, prosecutor, or courtroom offic	ial, or while in a	YES [NO
Was your involvement while possessing a security clearance?			☐YES [NO
Entry #2				
Provide the name of the prescription drug that you misused.				
Provide the dates of involvement/use	Provide the reason(s) for and circums	stances of the misus	e of the prescrir	otion dru
From Date (Manth/Year) To Date (Month/Year) Present			1	
Was your involvement while you were employed as a law enforceme position directly and immediately affecting the public safety?	L nt officer, prosecutor, or courtroom offic	al, or while in a	YES [] NO
Was your involvement while possessing a security clearance?			☐ YES ☐] NO
		•		
•				
•				•
	•			•
	· .			
		t	1	
	·			
	• •			
•		,		
,				
	•			
	•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity	y - (Continued)			•			
23.6 Have you EVER been ordered, advised, or a illegal use of drugs or controlled substances		inseling or tre	atment as a res	sult of your	П	'ES 🔀 NO (II NO. pro	oceed to 23.7)
Complete the following if you responded 'Yes' to I illegal use of drugs or controlled substances.	naving EVER be	en ordered,	advised, or asi	ked to seek coι	inseling or	r treatment as a resu	lt of your
Entry #1			·				
Have any of the following ordered, advised, or ask (Check all that apply):	ed you to seek co	unseling or tr	eatment as a re	esult of your illeg	al use of d	frugs or controlled sub	stances?
An employer, military commander, or employe	e assistance prog	jram 🔲 .	A court official /	/ judge		•	•
A medical professional	٠.			ordered, advise reatment by any			-
A mental health professional	· .			leaguett by aily	UI (IIE 600	ve	
Provide explanation >							
Old you take action to receive counseling or treatment	ent?			YES (II	YES, compl	lete (b)) NO (If NO	, completa (a)
 You have indicated that you did not receive tree Provide explanation. 	eatment.						
(b) You have indicated that you did receive treatn							
Provide the type of drug or controlled substan Cocaine or crack cocaine (Such as rock,	-	were treated.	•	ants (Such as ba	arbiturates.	methaqualone, tranq	uilizers etc.
THC (Such as marijuana, weed, pot, has	• •			•		, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)				(Such as the cle		· · ·	
Narcotics (Such as oplum, morphine, cod	eine, heroin, etc.)	inhalants	(Such as toluer	ie, amyl nit	trate, etc.)	
Slimulants (Such as amphetamines, spee	ed, crystal meth, e	ecstasy, etc.)	Other (F	Provide explanat	ion) →		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (<i>Provide City</i> and City	Country if outsi	ide the United State State	les; atherwise, prov Zip Code	ride City, Sta Coun	• •	.*
Provide a telephone number for the		International		Provide the da			
treatment provider.		phone numbe Day Nigi		From Date (M	onth/Year) Est.	To Date (Month/Year)	Preser
Did you successfully complete the treatment?			ovide explanation	(OD)			
Dis you decided any desired and positional	<u>,</u>	· · · · · · · · · · · · · · · · · · ·					
·							
		4					
				• .			
•	•					٠	
· .	•			•			
							•
	·	•	•				
		*			٠		
				•		1	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, ḥashish, etc.) Ketamine (Such as special K, jet, etc.) Narcotics (Such as oplum, morphine, codelne, heroin, etc.) Steroids (Such as the clear, juice, etc.) Stimulants (Such as amphatamines, speed, crystal meth, ecstasy, etc.) Provide the name of the treatment provider. Last name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Coal in Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as tag.) Hallucinogenic (Such as tag.) For vide explanation) Provide at plant at a clear, juice, etc.) Marcotics (Such as tag.) Marcotics (Such as tag.) City (Frovide explanation) Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment.	ctio	n 23 - Illegal Use of Drugs and Drug											
lawe any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? Theorical #1 theories #1 that peoply? An employer, military commander, or employee assistance program A mental health professional A mental health professional A mental health professional A mental health professional A mental health professional To use a seek counseling or treatment by any of the above counseling or treatment by any of the				aving EVE	R been o	rdered, ad	vised, or as	ked to seek	counse	ing or	treatme	ent as a res	sult of your
An employer, military commander, or employee assistance program						~							
A medical professional I have not been ordered, advised, or asked to seek counselling or treatment by any of the above	(Che	eck all that apply):					•	-	illegal u	se of dr	ugs or c	controlled s	ubstances?
A mental health professional Counselling or treatment by any of the above		An employer, military commander, or e	mployee	assistance	a program	∐ A	court official	/ judge				•	
A mental health professional		A medical professional										,	
id you take action to receive counseling or treatment? YES (If YES, complete (b))		A mental health professional				GO	unsemig ar (resument by a	any or u	e abuv	F		
you have indicated that you did not receive treatment. Provide explanation. You have indicated that you did receive treatment.	Prov	ide explanation >											
Provide explanation. You have ind/cated that you did receive treatment. Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.) Depressants (Such as barblurates, methaqualone, tranquilizers, etc.) THC (Such as martjuans, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Narcotics (Such as spicular K, jet, etc.) Steroids (Such as the clear, julce, etc.) Sitrolization (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) → Provide the name of the treatment provider, First name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and 2tp Code) Street City State Zip Code Country Provide a talephone number for the treatment provider. (Provide a talephone number for the treatment provider. (Provide a talephone number for the treatment) Provide a talephone number for the treatment? YES NO → (Frovide explanation) Provide explanation From Date (Month/Year) To Date (Month/Year) Est. Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)	Did y	you take action to receive counsaling o	ir treatme	ent?				YES	S (If YES	comple	te (b))	NO (If N	O, complete (a
y You have indicated that you did receive treatment. Provide the type of drug or controlled substance for which you were treated. Cocaine or crack occale (Such as barbiturates, methaquelone, tranquilizers, etc.) ThC (Such as marijuans, weed, pot, hashish, etc.) Marcotics (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Cotine name of the treatment provider. Last name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Provide a talephone number for the Extension International or DSN Provide the dates of treatment. Provide a talephone number for the Extension Phone number Provide a talephone number for the Provide (Provide explanation) Provide a talephone number for the Extension Phone number Day Wight Provide explanation)	(a)	You have indicated that you did not rec	ceive trea	atment,									
Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.)		Provide explanation.											***************************************
Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.)													
Cocaine or crack cocaine (Such as rock, freebase, etc.) Cepressants (Such as barbiturates, methaqualone, tranquilizers, etc.) THC (Such as marijuans, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Inhalants (Such as oplum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. First name First name First name First name Street City State Zip Code Country Provide the address for this treatment provider. Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Street City State Zip Code Country Provide a telephone number for the Extension International or DSN Provide the dates of treatment, phone number From Date (Month/Year) Pres Day Night Est. Est. Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)	(b)					,		····				·	
THC (Such as marijuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as opium, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. Last name First name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code Country Provide a telephone number for the Extension International or DSN Provide the dates of treatment, treatment provider. Pres Day Night Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)					. ,	treated.	`□ n	t_ /C l	n la a -6-10			tame !	
Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as oplum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, armyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. First name Provide the address for this treatment provider. (Provide City and Country It outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code Country Provide a telephone number for the treatment provider. Provide the dates of treatment, Provider the dates of treatment, Provid					.c.)								ıquılızers, etc
Narcotics (Such as oplum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.)				isn, etc.)								oms, etc.)	
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) ☐ Other (Provide explanation) ▶ Provide the name of the treatment provider. Last name		Ketamine (Such as special K, jet,	etc.)				Steroids	(Such as the	clear, j	ulce, et	c.)		
Provide the name of the treatment provider. Last name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Provide a telephone number for the treatment provider. Provide a telephone number Day Night From Date (Month/Year) Est. Did you successfully complete the treatment? YES NO (Provide explanation)		Narcotics (Such as opium, morphi	ine, code	ine, heroin	, etc.)		Inhalant	s (Such as tol	luene, a	myl nitr	ate, etc.	.)	
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Provide a telephone number for the treatment provider. International or DSN													
treetment provider.		Provide the name of the treatment pro-	vider.		eth, ecsta	sy, atc.)	Other (I	Provide expla	nation)		·		·
Did you successfully complete the treatment? YES NO ->> (Provide explanation)		Provide the name of the treatment pro- Last name Provide the address for this treatment	provider.	First name	ly and Coun	try if outside	the United Sta	ales; olherwise,	provide C	ily, State			
Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the	provider.	First name . (<i>Provide Cli</i> City	iy and Coun	iry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	illy, State Count	ment.		
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the	provider.	First name . (<i>Provide Cli</i> City	iy and Coun	lry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	ilty, State Count of treat	ment.		rr) Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	iy and Coun	lry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	ilty, State Count of treat	ment.		r/ Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	ilty, State Count of treat	ment.		rr) Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	ilty, State Count of treat	ment.		ri) 🗌 Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension Tyes	Interrphone Day NO -	national or e number Night	the United Sta State DSN	Provide the From Date	provide C	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension Tyes	Interrphone Day NO -	national or e number Night	the United Sta State DSN	Provide the From Date	provide C	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State DSN Ide explanati	Provide the From Date	provide C	Count Count of treat Year)	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State DSN Ide explanati	Provide the From Date	provide C	Count Count of treat Year)	ment. To Date	. (Manth/Yea	rr) [] Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State State DSN	Provide the From Date	e dates (Month/	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension YES	Interreption	national or e number Night	the United State State DSN	Provide the From Date	e dates (Month/	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphone	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphone	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphone	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	iy and Coun	national or e number Night (Provi	the United State State DSN	Provide the From Date	provide C	Count Count of treat, Year)	ment. To Date	(Manth/Yea	Prese

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug A	tivity - (Co	ntinued)				
23.7 Have you EVER voluntarily sought cou controlled substance?						
Complete the following if you responded 'Yes controlled substance?	s' to having	EVER voluntarily	sought counse	ling or treatment as a re	esult of your use of a d	rug or
Entry #1						, , , , , , , , , , , , , , , , , , , ,
Provide the type of drug or controlled substan	ice for which	you were treated.				
Cocaine or crack cocaine (Such as rock,	freebase, et	c.)	Depressa	nts (Such as barbiturates	, methaqualone, tranqui	lizers, etc.)
THC (Such as marijuana, weed, pot, has	hish, etc.)			genic (Such as LSD, PCF		
Katamine (Such as special K, jet, etc.)			Steroids (Such as the clear, juice, o	etc.)	
Narcotics (Such as oplum, morphine, coo	leine, høroin	, etc.)	lnhalants	(Such as toluene, amyl n	itrate, etc.)	
Stimulants (Such as amphetamines, spec	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	rovide explanation) >	•	
Provide the name of the treatment provider. Last name	First name					
Provide the address for this treatment provide Street	er. (<i>Pr</i> ovide Cit City	ty and Country if outsid	de the United State State	Zip Code	Country	
Provide a telephone number for the treatment provider.	Extension .	International phone number□ Day □ Nig	er .	Provide the dates of tre From Date (Month/Year)	To Date (Month/Yea	r) Present
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)		
Entry #2				· · · · · · · · · · · · · · · · · · ·		
Provide the type of drug or controlled substan	ce for which	you were treated.				~~~
Cocaine or crack cocaine (Such as rock,	freebase, et	c.)	Depressa	nts (Such as barbiturates	, methaqualone, tranqui	lizers, etc.)
THC (Such as marijuana, weed, pot, hasi	nish, etc.)		Hallucinog	genic (Such as LSD, PCP	, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			Steroids (Such as the clear, juice, a	at c.)	
Narcotics (Such as opium, morphine, cod	eine, heroin,	etc.)	Inhalants	(Such as toluene, amyl n	ltrate, etc.)	
Stimulants (Such as amphetamines, spee	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	ovide explanation) >		
Provide the name of the treatment provider. Last name	First name					
Provide the address for this treatment provide Street	r. (Provide Cit City	y and Cauntry if outsic	le the United State State	s; otherwise, provide City, Sta Zip Code	ale and Zip Code) Country	
Provide a telephone number for the treatment provider.	Extension	International number Day Nigl	•	Provide the dates of tre From Date (Manth/Year)	To Date (Month/Year	Present
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)		
			· · · · · · · · · · · · · · · · · · ·			
		•				
		•	•			
						•
						•
er vour Social Security Number before	going to t	he next nage .			069-68	1-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol				
in the last seven (7) years in professional or personal rela safety personnel?	nas your use of alcohol tionships, your finances	had a negative impact on you, or resulted in intervention	our work performance, your by law enforcement/public	YES X NO (If NO, proceed to 2
Complete the following if you responded the relationships, your finances, or rest	nded 'Yes' to your alcoluted in intervention by i	hol use having had a negati aw enforcement/public safe	ve Impact on your work perform	nance, your professional or persona
Entry #1				
Provide the dates of involvement or				1
From Date (Month/Year)	To Date (Month/Year)	Present		·
Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	· .	Provide negative Im	pact.
From Date (Month/Year)			·	
Est.		•		•
Entry #2	<u> </u>			
Provide the dates of involvement or	use.			
From Date (Month/Year)	To Date (Month/Year)	Present		
Est.		Est.		
Provide the month/year when this	Provide circumstance		Provide negative imp	pact.
negative impact occurred.				
From Date (Month/Year)				· •
Est.	:			
Entry #3	L	· · · · · · · · · · · · · · · · · · ·		
Provide the dates of involvement or	use			
From Date (Month/Year)	To Date (Month/Year)	Present		
Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	s.	Provide negative imp	paci.
From Date (Month/Year)				
∏ Est.				
Entry #4				
Provide the dates of involvement or	IISE			
From Date (Month/Year)	To Date (Month/Year)	Present	•	
☐ Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	5.	Provide negative imp	pact,
From Date (Month/Year)	.			
Est.				
	•	•		
			•	•
	,			
•	:		\$	
	<u> </u>			•
	* ************************************			
	į.		,	
	š. 5			
	, a single			
	i, i		•	
•	•	i		
	•			
			•	
			•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of a Entry #1		
Complete the following if your responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)		
Entry #1 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply) An employer, military commander, or employee assistance program		ng or treatment as a result of your use of YES X NO (If NO, proceed to 24.)
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply) An employer, military commander, or employee assistance program A court official / judge A medical professional A medical professional Other (Provide explanation) > Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Your) Present Est. Est. Est. Est. Est. Extension International or DSN phone number City State Zip Code Country	Complete the following if you responded 'Yes' to having been ordered, ad	vised, or asked to seek counseling or treatment as a result of your use of alcohol.
An employer, military commander, or employee assistance program A medical professional A medical professional Courseling or treatment by any of the above Courseling or treatment by any of the above Did you take action to receive courseling or treatment? Did you take action to receive courseling or treatment? Did you take action to receive courseling or treatment. Explain the reasons for not taking action to seek courseling or treatment. Explain the reasons for not taking action to seek courseling or treatment. Provide the dates of courseling or treatment in the provide the dates of courseling or treatment. From Date (Month/Year) Provide the dates of courseling or treatment provider. From Date (Month/Year) Did you accessfully complete the courseling/treatment provider. (Provide City and Country if cutside the United States; otherwise, provide City, State and Zip to Country Did you successfully complete the treatment? YES NO → (Provide explanation) ➤ Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / Judge A mental health professional Seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseling or treatment. Provide the fall address for the counseli	Entry #1	
A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Other (Provide explanation) ▶	Have any of the following ordered, advised, or asked you to seek counse	ing or treatment as a result of your use of alcohol? (Check all that apply)
Other (Provide explanation) > Counseling or treatment by any of the above	An employer, military commander, or employee assistance program	A court official / judge
Other (Provide explanation)	A medical professional	
(a) You responded 'No' to having taken action to seek counselling or treatment. Explain the reasons for not taking action to seek counselling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counselling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year)	A mental health professional	
Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year)	Did you take action to receive counseling or treatment?	YES (if YES, complete (b)) NO (if NO, complete (a))
(b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year) □ Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip to State □ City □ State □ City State □ Country □ Present □ Day □ Night □ Did you successfully complete the treatment? □ YES □ NO → (Provide explanation) ➤ □ Entry #2 □ An employer, military commander, or employee assistance program □ A count official / judge □ A mental health professional □ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above □ Other (Provide explanation) □ NO (If NO, complete No' to having taken action to seek counseling or treatment. □ Provide the dates of counseling or treatment. □ To Date (Month/Year) □ Present □ City □ State □ Provide the individual counselor or treatment provider. □ A count official / judge □ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above □ Other (Provide explanation) □ NO (If NO, complete (b)) □ NO (If NO, complete (b)) □ NO (If NO, complete (c)	(a) You responded 'No' to having taken action to seek counseling or tre	atment. Explain the reasons for not taking action to seek counseling or treatment.
Provide the dates of counseling or treatment. From Date (Month/Year)	Provide explanation.	
From Date (Month/Year)		
Street City State Zip Code Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment? YES NO Provide explanation) > Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge An employer, military commander, or employee assistance program I have not been ordered, advised, or asked to seek counseling or treatment by any of the above A mental health professional Other (Provide explanation) > Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the full address for the counseling/treatment provider. (Provide City and Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City, State and Zip Country if autistide the United States; otherwise, provide City States and Zip Country if autistide the United States; otherwise, provide City States and Zip Country if autistide the United States; otherwise and Zip Country if autistide the United Sta	From Date (Month/Year) To Date (Manth/Year) Presen	1 '
Did you successfully complete the treatment? YES NO NO (Provide explanation) > Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above A mental health professional Other (Provide explanation) > Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO. complete) (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States of Country if outside the United State		
Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Other (Provide explanation) > Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City and Country if outside the United States; otherwise, provide City, State and Zip City State and Zip Cit	Provide telephone number. Extension	
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Other (Provide explanation) > Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Manth/Year) To Date (Manth/Year) Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if Outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside C	Did you successfully complete the treatment? YES NO -	→ (Provide expianation) ト
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Other (Provide explanation) > Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Manth/Year) To Date (Manth/Year) Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if Outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside C	Entry #2	**************************************
An employer, military commander, or employee assistance program A court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above A mental health professional Other (Provide explanation) Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete) (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year) Present Est. Provide the name of the individual counselor or treatment provider. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City and Country if Outside City		ing or treatment as a result of your use of alcohol? (Check all that apply):
A medical professional A mental health professional Other (Provide explanation) Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide (Month/Year) To Date (Month/Year) Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if outside the United States; otherwise, provide City States and Zip Country if Outside States and Zip Count		
Other (Provide explanation) ▶ Did you take action to receive counseling or treatment? (a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year)		I have not been ordered, advised, or asked to seek
(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. Provide the name of the individual counselor or treatment provider. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, provide City States; otherwise, pr	A mental health professional	
Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the dates of counseling or treatment. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country	Did you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a))
(b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if Outside City and Country if Outside Ci	(a) You responded 'No' to having taken action to seek counseling or treat	atment. Explain the reasons for not taking action to seek counseling or treatment.
Provide the dates of counseling or treatment. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider.	Provide explanation.	
From Date (Month/Year) To Date (Month/Year) Est. Provide the full address for the counseling/treatment provider, (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, States and Zip Country if outside the United States; otherwise, provide City, States and Zip Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States; otherwise, provide City, States and Country if outside the United States and Country if outside the United States and Country	(b) You responded 'Yes' to having taken action to seek counseling or tre	alment.
	From Date (Month/Year) To Date (Month/Year) Presen	
	Provide the full address for the counselling/treatment provider, (Provider,	de City and Country if outside the United States; otherwise, provide City, State and Zip Code)
	· · · · · · · · · · · · · · · · · · ·	
Provide telephone number. Extension International or DSN phone number Day Night	Provide telephone number. Extension	
Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶	Did you successfully complete the treatment? YES NO -	→ (Provide explanation) →
iter your Social Security Number before going to the next page 069-68-8543	er your Social Security Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

.3 Have you EVER vo	numently sought cou	maciniy or i	iestiliciit as s	result of your use of alc	outott	∐ YES [NO (IF NO.)	proceed to
Complete the following if	you responded 'Yes	' to volunta	rily seeking c	ounseling or treatment.				
Entry #1			•					
Provide the dates of cour			promy _	Provide the name of the	e individual counselor	or treatment	provider.	
From Date (Month/Year)		Monih/Year)	• • • • • • • • • • • • • • • • • • • •		•	•		
	Est.		Est.				· · · · · · · · · · · · · · · · · · ·	
Provide the full address of	f the counseling/tre		ider. (<i>Provide</i>				State and Zip Co	ode)
Street		City		State	Zip Code	Country		
		<u> </u>		·				
Provide telephone numbe	ır.		Extension	International or DSN	phone number			
		l		☐ Day ☐ Night	•	•		
Tild	ulata Nu tracturant) []VEC	ETNO I				 	
Did you successfully com	piete the treatment	YES		(Provide explanation)	P			
Entry #2		· · · · · · · · · · · · · · · · · · ·		T===:.:::				
Provide the dates of coun From Date (Month/Year)		Month/Year)	[] p	Provide the name of the	e individual counselor	or treatment	provider.	
COM Date (Months (ear)		month real						
	Est.		Est.	<u> </u>				
Provide the full address o	f the counseling/trea		ider. (Provide				State and Zip Co	ode)
Street		City		State	Zip Code	Country 1		
		<u> </u>	·			<u> </u>		
Provide telaphone numbe	ır.		Extension	International or DSN	phone number			
·		ĺ	į	Day Night			,	
Did year guesse-fully se-		YES						
Did you successfully com	piete the treatment?			(Provide explanation)	<u> </u>			
					•			-
			•					
,		•						
				•				
			, .				·	
			•					
						1		
· ·								
	. *							
				•	•			
					•			
				•	•			
		•			•			
						·		
						·		
						·		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol - (Con	tinued)			•			
4.4 Have you EVER received or you have already listed on the second seco		r treatment a	s a result of you	ır use of alcohol in e	ddition to what	YES X	NO (If NO, proceed to Section 25
Complete the following if you resp	onded 'Yes	' to having E	VER received o	ounseling or treatme	ent as a result of you	ur use of alcoh	ol.
Entry #1							
Provide the name of the individua	counselor	or treatment	provider.				
Name				•			
Provide the full address of the cou	nanlian/teor	lmont needs	an (Davida Cliv		a United Distant allow	vice verile Div	- 01-to
Street	meemig/uez	City	ier, (Fronde City	State	Zip Code	wise, provide City Country	, State and Zip Code)
				. 1			,
Provide the name of agency/organ	ization whe	ere counselin	g/treatment was	s provided.		<u> </u>	
•			•			•	
Provide the address of agency/org		here counse	ling/treatment v	vas provided. (Provide	e City and Country it ou	Itside the United	Slates; Same as above
otherwise, provide City, State and Zip C Street	ode)	City		State	Zip Code	Country	Choquie ea anovi
Olicat				J Calc	Zip Code	Country	•
Provide the dates of counseling of	traniment	<u> </u>			<u> </u>		······································
From Date (Month/Year)		Month/Year)	Present				
Est.]		☐ Est.			ı	
Did you successfully complete you	ır counselin	g or treatme	nt?		YES (Provide	explanation)	NO (Provide explanation
Explanation							
me brottn (m)			·				
	·····						
Entry #2 Provide the name of the individual	anumalas.	or transmant	newlder.	· · · · · · · · · · · · · · · · · · ·			
Name .						-	
Provide the full address of the coun	nseling/trea		er, (Provide City	ạṇd Country If outside th State			, State and Zip Code) · · · · ·
Olleet		City		Glate	Zip Code	Country	
Provide the name of agency/organ	ization whe	l ere counselin	g/treatment was	s provided.	·		
Name							
Provide the address of agency/org otherwise, provide City, State and Zip Co		here counse	ling/treatment w	vas provided, (Provide	e City and Country if ou	itside the United	States: Same as abov
Street	,	City		State	Zip Code	Country	
Provide the dates of counseling or							
From Date (Month/Year)	To Date (A	/lonth/Year)	Present				
Est.			Est.				
Did you successfully complete you	r counselin	g or treatmer	11?		YES (Provide	explanation)	NO (Provide explanation
Explanation		·····					
•							
······································					, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
		•	-				
			•				
						1	
•					•		
•						Γ	000 00 00 40
er your Social Security Numb	er before	going to the	he next page			→ [069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Rec		· · ·		
25.1 Has the U.S. Government (or a foreign grasecurity clearance eligibility/access?				
Complete the following if you responded 'Yes' granted you a security clearance eligibility/ac		ment (or a foreign governmen	t) having investigated yo	our background and/or having
Entry #1	•			
Provide the investigating agency:				
U.S. Department of Defense	U.S. Departme	ent of Homeland Security		
U.S. Department of State	🔀 Foreign gover	nment (Provide name of gover	nment) ⊁ Russia	
U.S. Office of Personnel Management	🔲 l don't know			
Federal Bureau of Investigation	Other (Providence)	ie explanation) >	•	
U.S. Department of Treasury		•		
Provide the name of agency that issued the cle	arance eligibility/acce	ess if different from the investig	ating agency.	
		ussian Government		
Date the investigation was completed (Month/Ye	ar) 🔀 i don't know		ligibility/access was grant	ed. (Month/Year) 🔀 I don't know
	Est.	09/2010		X Est.
Provide the level of clearance eligibility/access	granted:			·
None Non	a			
Confidential	□L			
☐ Secret	☐ I don't know	1		
Top Secret	ssued by fo	reign country		
Sensitive Compartmented Information (SCI)) X Other (Prov	ide explanation) ▶Tourist	•	•
Entry #2	·			
Provide the investigating agency:			******	
U.S. Department of Defense	U.S. Departme	nt of Homeland Security		
U.S. Department of State	X Foreign govern	ment (Provide name of govern	ment) • Berlarus	
U.S. Office of Personnel Management	. I don't know			, ., .,
Federal Bureau of Investigation	Other (Provide	e explanation) >		
U.S. Department of Treasury				
Provide the name of agency that issued the clea	rance eligibility/acce	ss if different from the investiga	ting agency.	
	Bela	russian Government	•	
Date the investigation was completed (Month/Yea	don't know	Provide the date clearance all	gibility/access was grante	ed. (Month/Year) I don't know
09/2010	X Est.	10/2010		☐ Est.
Provide the level of clearance eligibility/access g				
X None.	Πα	•	•	:
Confidential	□ L			
Secret	I dan't know			
Top Secret	ssued by for	reign country		
Sensitive Compartmented Information (SCI)	X Other (Provid	de explanation) . Tourist		
				
			•	·
	•			
•	•			
	•			
inter your Social Security Number before o	oing to the next :	oage		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	gations and Clearance						· ·	
	VER had a security clea lote: An administrative (alion.)					☐ YES [NO (If NO, procee	id to 2
Complete the follo	wing if you responded "	Yes' to hav	ing EVER had a secu	rity clearance eligibili	ty/access authorization	on denied, sur	spended, or revoke	d,
Entry #1								
Provide the date s eligibility/access a suspended or revo	uthorization was denied	i.	Provide the name of the action.	the agency that took	Provide an explana suspension or revo			denia
•		☐ Est.	Marine, p. 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100				·	
Entry #2	· · · · · · · · · · · · · · · · · · ·							
Provide the date s eligibility/access a suspended or revo	uthorization was denied	ı,	Provide the name of the action.	the agency that took	Provide an explana suspension or revo			deni
		Est.						
	VER been debarred from					YES NO	(If NO, proceed to Se	ection
	wing if you responded "	Yes' to hav	ing EVER been deba	rred from government	employment.			
Entry #1 Provide the name agency taking deb		Provide (Month/)	the date the debarme Year)	ent occurred.	Provide an explana debarment.	tion of the circ	cumstances of the	<u> </u>
				Est.				
Entry #2	· · · · · · · · · · · · · · · · · · ·							
Provide the name agency taking deb		Provide (Month∧	the date the debarme (ear)	ent occurred.	Provide an explana debarment.	tion of the circ	cumstances of the	
				☐ Est.	·			
		• • • • • • • • •						
	•		•					
					•		•	
	1	•				3		
	•							
•	,							٠.
			· .					
			•					
				• . •				
	•							
	•							
	•		•					
	•					•		
		*		•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responded 'Yes'	to in the last seven (7	7) years havid	ng filed a pel	ition under a	ny chapt	er of the ba	nkruptcy c	oda.	
Entry #1						1			
Select the applicable bankruptcy petition type.		Provide the	bankruptcy	court docke	Vaccount	number.			
Chapter 7 Chapter 11	Chapter 13								
Provide the date bankruptcy was filed, (Month/Year)	Provide the date of discharge. (Month/		☐ Not /	Applicable		the total a			_
Provide the name debt is recorded under.					J				
Last name	First name			Middle na	ime	•	į	Suffix	
Provide the name of the court involved.								\ <u></u>	
Desire the state of the state o									
Provide the address of the court involved. (Pro- Street	vide City and Country if ou City	ıtside Iha United	<i>Stales; othern</i> State	ise, provide C Zip Code	ity; State a	nd Zip Cade) Country			
CHUEL	City	1	GIPIC .	Zip Code		Country			
(a) If Chapter 13 previously selected:						1			
Provide the name of the trustee for this ban	kruptcy.								
Provide the address of the trustee for this	s bankruptcy. (Provide	City and Count	ry if outside the	United States	otherwise	, provide City	, State and	Zip Code)	
Street	City	ı	State	Zip Code		Country			
						1			
Provide Explanation.	bankruptcy?			☐ YES (Provide ex	planation)	. NO	(Provide ex	e pla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type.		Provide the	e bankruptcy		· · · · ·		Пио	(Provide ex	k pla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11	Chapter 13		bankruptcy		/account	number. "			xpla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was		of bankruptcy			/account		mount (in t	J.S.	
Were you discharged of all debts claimed in the Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year)	Chapter 13	of bankruptcy		court docket	/account	number.	mount (in t	J.S.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under.	Chapter 13	of bankruptcy	□ Not A	court docket	Provide dollars)	number.	mount (in t	J.S.	xpla.
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name	Chapter 13 Provide the date of discharge. (Month/	of bankruptcy	□ Not A	court docket	Provide dollars)	number.	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name	Chapter 13 Provide the date of discharge. (Month) First name	f bankruptcy Year)	∏ Not A	court docket	Provide dollars) me	number. the total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved.	Chapter 13 Provide the date of discharge. (Month/	f bankruptcy Year)	Not A	court docket applicable Middle na	Provide dollars) me	number. The total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved.	Chapter 13 Provide the date of discharge. (Month) First name	f bankruptcy Year)	∏ Not A	court docket	Provide dollars) me	number. the total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Provide the address of the court involved.)	Chapter 13 Provide the date of discharge. (Month/	f bankruptcy Year)	Not A	court docket applicable Middle na	Provide dollars) me	number. The total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Provide the defense)	Chapter 13 Provide the date of discharge. (Month/) First name Ide City and Country if our City	f bankruptcy Year)	Not A	court docket applicable Middle na	Provide dollars) me	number. The total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Provide the address of the court involved.)	Chapter 13 Provide the date of discharge. (Month/) First name Ide City and Country if our City	f bankruptcy Year)	Not A	court docket applicable Middle na	Provide dollars) me	number. The total a involved in	mount (in t	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Provide the defense)	Chapter 13 Provide the date of discharge. (Month) First name Ida City and Country if our City Kruptcy.	of bankruptcy Year)	Not A	court docket applicable Middle na	Provide dollars) me	number. the total a involved in a discountry	mount (in t	J.S. uptcy. Suffix	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the address of the court involved. Provide the address of the trustee for this bankruptcy was filled. (Provide the name of the trustee for this bankruptcy was filled. (Month/Year)	Chapter 13 Provide the date of discharge. (Month/) First name Ide City and Country if ou City Kruptcy. bankruptcy. (Provide City	of bankruptcy Year)	Not A States; otherw State	court docket applicable Middle na dise, provide Ci Zip Code United States, Zip Code	Provide dollars) me	number. In the total a linvolved in d Zip Code) Country	mount (in t i the bankr	J.S. uptcy. Suffix	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)			
26.2 Have you EVER experienced financial problems due to gami	bling?	YES	NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER exp	perienced financial problems due to gambling.		
Entry #1			
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gamb	oling losses incurred.
From Date (Month/Year) To Date (Month/Year) present	1		
☐ Est. ☐ Est.	ļ		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo a description of your actions. If you have no		
Entry #2			
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gaml	oling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present			
☐ Est. ☐ Est.			
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo a description of your actions. If you have no		
·	<u> </u>		
26.3 In the past seven (7) years have you failed to file or pay Fe law or ordinance?	deral, state, or other taxes when required by	YES	NO (If NO, proceed to 26.4
Complete the following if you responded 'Yes' to having failed to fil	le or pay Federal, state, or other taxes when i	equired by law	or ordinance.
Entry #1			
	ne year you failed to file or pay your Federal,	state, or other ta	ixes.
☐ File ☐ Pay ☐ Both	• •		Est.
	Provide the Federal, state, or other agency to which you failed to file or pay taxes.		ne of taxes you failed to file or roperty, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	☐ Not Applic☐ Est.	able
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and a	nount of payme	nts, etc.). If you have not
Entry #2			
Did you fail to file, pay as required, or both? Provide the	ne year you falled to file or pay your Federal, :	state, or other ta	xes.
File Pay Both			☐ Est.
	Provide the Federal, state, or other agency to which you failed to file or pay taxes.		ne of taxes you falled to file o roperty, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applic	able
Est.		Est.	
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and a	mount of payme	nts, etc.). If you have not
On the Committee Street and the form the street and the constitution of the constituti	nama	, r	069-68-8543
er your Social Security Number before going to the next	hafig		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

					· · · · · · · · · · · · · · · · · · ·		
Section 26 - Financial Record - (Continued)				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
26.4 In the past seven (7) years have you be agreement for a travel or credit card provi	ded by your employer?				· · · · · · · · · · · · · · · · · · ·	NO (If NO, proceed	
Complete the following if you responded 'Yes' to provided by your employer.	having been counseled,	warned	, or disciplined	for violating the te	rms of agleem	ent for a travel or cre	dit car
Entry #1				•			
Provide the name of the agency or company.							
Provide the address of the agency or company.	(Provide City and Country if o	utside the	United States; or	herwise, provide City	, State and Zip Co	de)	
Street	City		State	Zip Code	Country		
Provide the date of your counseling, warning, or	disciplinary action. (Mont	h/Year)	Provide the re	eason(s) for the c	ounseling, warn	ing, or disciplinary ac	tion
Provide the amount (in U.S. dollars) of violation.	Provide a description of action(s) provide expla		l lion(s) you hav	e taken to rectify t	his situation. If	you have not taken a	n <u>y</u>
∏ Est.							
Entry #2							
Provide the name of the agency or company.				· · · · · · · · · · · · · · · · · · ·			D
Provide the address of the agency or company.	(Provide City and Country If o	utside the	United States: of	herwise, provide City	. State and Zip Co	deì	
Street	City		State	Zip Code	Country		
)				
Provide the date of your counseling, warning, or	disciplinary action. (Mont	h/Year) Est.	Provide the re	eason(s) for the c	ounseling, warn	ing, or disciplinary ac	noit
Provide the amount (in U.S. dollars) of violation.	Provide a description of action(s) provide expla		lion(s) you hav	e taken to rectify t	his situation. If	you have not taken a	ıny
☐ Est.							
3.5 Are you currently utilizing, or seeking assi	stance from, a credit cou	ıseling s	ervice or other	similar resource t	O YES	NO (If NO, proceed	10 26,6
resolve your financial difficulties? Complete the following If you responded 'Yes' to resolve your financial difficulties.			•				
Entry #1		·					
Provide explanation.		Provide	e the name of t	the credit counsell	ng organization	or resource.	
Provide the telephone number of the credit coun Telephone number Extension		DSN pho	oue unuper.	Provide the loc	ation of the cre	dit counseling organi State	zation.
As a result of this counseling, provide a descripti provide explanation.		ave take	n to resolve yo	ur financial difficul	ties. If you have	not taken any action	n(s),
Entry #2							
Provide explanation.		Provide	the game of t	he credit counsell	no ornanization	Of tesource	
		.,,,,,,,,,					
Provide the telephane number of the credit countries Telephone number Extension		20M - 4 -		Provide the loc	ation of the cred	lit counseling organiz	zation.
Leishugue tinuinet Extellair	n International or I	Dud NGC	ine number	City		State	
As a result of this counseling, provide a description provide explanation.	on of any action(s) you ha	ave take	n to resolve yo	ur financial difficul	tles. If you have	not taken any action	n(s),
er your Social Security Number before go	oing to the next page	-			→	069-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 26 - Financial Record - (Continued) Other than previously listed, have any of the following happened to you? (You will be asked to provide 26.6 YES NO (If NO, Proceed to 26.7) details about each financial obligation that pertains to the items identified below) In the past seven (7) years, you have been delinquent on alimony or child support payments. - In the past seven (?) years, you had a judgment entered against you, (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner - In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) ☐ YES NO (If NO, Proceed to 26.7) In the past seven (7) years, you have been delinquent on alimony or child support payments. In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years, you had a ilen placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Identify/describe the type of property involved (If any). Provide the associated loan/account number(s) involved. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Provide the amount (in U.S. dollars) of the financial issue. Est. Provide the date the financial Provide the name of the court involved. Provide date the financial issue issue began, (Month/Year) was resolved. (Month/Year)] Not Resolved Est. Est Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Street State Zip Code Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation. 069-68-8543 Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 26 - Financial Record - (Continued	(d)		·. · ·	
Complete the following if you answered 'Y	'es' to having experienced one or m	ore of the previously stated	financial Issues.	<u> </u>
Entry #2				
Provide the name of agency/organization/	individual to which debt is/was owed			
Did/does this financial issue include any or	f the following? (Check all that apply)	YES NO (II NO), Proceed to 26.7)
In the past seven (7) years, you have	e been delinquent on allmony or child	d support payments.		
In the past seven (7) years, you had for which you were a cosigner or guara		clude financial obligations	for which you were the sale debtor,	as well as those
In the past seven (7) years, you had you were the sole debtor, as well as the	a lien placed against your property f nose for which you were a cosigner o	or failing to pay taxes or o or guarantor).	ther debts, (Include financial obligat	ions for which
You are currently delinquent on any Fe cosigner or guarantor).	ederal debt. (Include financial obliga	tions for which you are the	sole debtor, as well as those for w	hich you are a
Provide the associated loan/account numb	bar(s) involved. Identify/describe t	ne type of property involve	d (if any).	
Provide the amount (in U.S. dollars) of the	o financial lesus - Orovide the region	n(s) for the financial issue.	Provide the current status of the	o financial icana
r taylor the amount (in o.o. dollars) or the	Est.	may for the interior lade.		e manda issue.
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (Month/Year)	Provi	de the name of the court involved.	
Est.		Est.		·
Provide the address of the court involved. Street	(Provide City and Country if outside the U	niled States; otherwise, provide State Zip Co		
•				,
Provide a description of any action(s) you taken any action(s), provide explanation.	have taken to satisfy this debt (such	as withholdings, frequenc	y and amount of payments, etc.), li	you have not
	•			
				.,
	•		1	
	•		,	

	•			
		•		
·				•
	•			
		٠.		
			•	
			•	
	•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continue of Figure 1 December 10 and	
Section 25 - Financial Record - (Continued)	
Other than previously listed, have any of the following happened? In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debto as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	
 In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or 	
cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you were evicted for non-payment? In the past seven (7) years, you had your wages, benefits, or assets garnished or attached	
for any reason? - In the past seven (7) years, you have been over 120 days definquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	
 You are currently over 120 days delinquent on any debt? (include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor) 	•
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated final	ncial issues.
Entry #1	
Provide the name of agency/organization/individual to which debt is/was owed.	
Diddless W. C. and J. L. J. J. J. J. J. J. J. J. J. J. J. J. J.	
Did/does this financial issue include any of the following? (Check all that apply)	YES X NO (If NO, proceed to Section 2
in the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	d or foreclosed? (Include financial obligations
In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you which you were a cosigner or guarantor)	ou were the sole debtor, as well as those for
In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial of as well as those for which you were a cosigner or guarantor)	obligations for which you were the sole debto
In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantee.	
in the past seven (7) years, you were evicted for non-payment?	
In the past seven (7) years, you had your wages, benefits, or assets gamished or attached for any reason	on?
In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered were the sole debtor, as well as those for which you were a cosigner or guarantor)	17 (Include financial obligations for which you
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the are a cosigner or guarantor)	he sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if a	any).
Provide the amount (In U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue.	Provide the current status of the financial issu
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was re-	solved. (Month/Year) Not Resolved
☐ Est.	Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and taken any action(s), provide explanation.	amount of payments, etc.). If you have not
·	·
	OCO CO DE AG
r your Social Security Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Complete the following if you answered 'Yes' to having ex	perienced one or more of the	previously stated financial	issues.	
Entry #2				
Provide the name of agency/organization/individual to whi	ch debt is/was owed.	•		
		:		
Did/does this financial issue include any of the following?	(Check all that apply)		YES 🔀 NO (II	NO, proceed to Section 27)
in the past seven (7) years, you had any possessions for which you were the sole debtor, as well as those fo			reclosed? (Inclu	de financial obligations
in the past seven (7) years, you defaulted on any typ which you were a cosigner or guarantor)	e of loan? (include financial (bligations for which you we	re the sole debto	r, as well as those for
In the past seven (7) years, you had bills or debts tur as well as those for which you were a cosigner or guar		cy? (Include financial obliga	tions for which y	ou were the sole debtor,
In the past seven (7) years, you had any account or on obligations for which you were the sole debtor, as well	credit card suspended, charg as those for which you were	ed off, or cancelled for failing a cosigner or guarantor)	g to pay as agree	d? (Include financial
In the past seven (7) years, you were evicted for non	-payment?			•
In the past seven (7) years, you had your wages, ber	nefits, or assets garnished or	attached for any reason?		
In the past seven (7) years, you have been over 120 were the sole debtor, as well as those for which you w		not previously entered? (Inc	lude financial ob	ligations for which you
You are currently over 120 days delinquent on any detare a cosigner or guarantor)	ot? (Include financial obligation	ns for which you are the sol	e debtor, as well	as those for which you
Provide the associated loan/account number(s) involved.	Identify/describe the type of	f property involved (if any).	· · · · · · · · · · · · · · · · · · ·	
Provide the amount (in U.S. dollars) of the financial issue.	Provide the reason(s) for the	e financial issue. Provid-	e the current stat	us of the financial issue.
☐ Est.		•		
Provide the date the financial Issue began. (Month/Year)	Provide date the	financial issue was resolved	d. (Month/Year)	Not Resolved Est.
Provide a description of any action(s) you have taken to sa	tisfy this debt (such as within	oldings, frequency and amo	unt of payments,	etc.). If you have not
taken any action(s), provide explanation.				
	,			
	•			
•	,			
		: :		
			÷	

Standard Form 86 Revised December 2010

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

S. Office of Personnel Managament CFR Parts 731, 732, and 736	NATIONAL SECUE	RITY POSI	TIONS		· ·
Section 27 - Use of Information Technology	Systems				
We note, with reference to this section, that neit evidence against you in a subsequent criminal p government. The following questions ask about hardware, software, firmware, and data used fo	proceeding. As to this particular se your use of information technolog	ction, this applie y systems, infon	is whether or not you mation technology s	u are currently ystems includ	y employed by the Federal e all related computer
27.1 In the last seven (7) years have you i access any information technology sys		ition accessed o	r attempted to	YES	NO (If NO, proceed to 27.
Complete the following if you responded 'Yes any information technology system.	s' to having in the last seven (7) y	rears illegally or	without proper author	rization ente	red or attempted to enter in
Entry #1					
Provide the date of the incident. (Month/Year)	1	ature of the incid	lent or offense.		
Provide the location where the incident took p					p Code)
Street	City	State	Zip Code	Country	
Provide a description of the action (administra	ative, criminal or other) taken as a	result of this inc	ident.		
C.A. Ja				· · · · · · · · · · · · · · · · · · ·	,
Entry #2 Provide the date of the incident. (Month/Year)	t .	ature of the incid	dent or offense.		<u>, , , , , , , , , , , , , , , , , , , </u>
Provide the location where the incident took p Street	place, (Provide City and Country if outsi City	de the United State State	es; otherwise, provide C Zip Code	ity, State and Zi Country	p Code)
			1.0000	.	•
Provide a description of the action (administra	ative criminal or other) taken as a	result of this inc	Irlent	<u> </u>	
77.2 (in the least once 17) years become used	De in the gravitation is not be alreading to			· · · · · · · · · · · · · · · · · · ·	
7.2 In the last seven (7) years have you il denied others access to information resabove?	siding on an information technolog	y system or atte	mpted any of the		NO (If NO, proceed to 27.
Complete the following if you responded 'Yes denied others access to information residing.	' to having in the last seven (7) yon an information technology system.	ears illegally or em or attempted	without authorization any of the above.	, modified, de	estroyed, manipulated, or
Entry #1 Provide the date of the incident. (Month/Year)	1	ature of the Incid	lent or offense.		
Provide the location where the incident took p	lace. (Provide City and Country if outsi	de the United State	es; otherwise, provide Ci	ly. State and Zi	p Cade)
Street	City	State	Zip Code	Country	•
	,				
Provide a description of the action (administra	ative, criminal or other) taken as a	result of this inc	ident.		
Entry #2					
Provide the date of the Incident. (Month/Year)	1 .	ature of the incid	lent or offense.		
Provide the location where the incident took p	lace, (Provide City and Country if outsi	de the United State	ıs; otherwise, provide Ci	ty, State and Zij	a Cade)
Street	City	State	Zip Code	Country	
•			1		
Provide a description of the action (administra	itive, criminal or other) taken as a	result of this inc	ident.		
	; 			···	
•	•				
					•

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if your respondent "Nex" to having in the last seven (7) years introduced, removed, or used fundware, software, or needs in connection with any information technology system without authoritation, when specifically prohibited by rules, procedures, guidelines, or regulations attempted any of the above. Entry #1 Provide the date of the Incident. (Manifr/Year) Fravide a description of the nature of the Incident or offense. State		connection	with any inf	ormation	technolog	ıy system	emoved, or us without authouted any	rization, v	are, software, /hen specifica /ve?	or media in Ily prohibited	Y	ES 🔀 NO	(If NO, procee	d to Section
Provide the date of the incident. (Manth/Year) Est. Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Manth/Year) Est. Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	conne	ction with a	ny informati	responde on techni	ed 'Yes' to ology syst	having I em witho	n the last sev ut authorizatio	en (7) yea n, when s	es introduced pecifically prol	, removed, o hibited by rul	r used har es, proced	dware, softv ures, guidel	rare, or media nes, or regula	a in ations or
Provide the location where the incident took place. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Est. Provide the location where the incident took place. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Entry	#1	···											
Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Month/Year)	Provid	le the date o	of the incide	nt. <i>(Mani</i>		Provide	a description	of the nati	ure of the inclo	lent or offen	se.			
Entry #2 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Est. Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country			on where the	inciden	t took plac		e City and Coun	iry if autside					Code)	
Provide the date of the Incident. (Month/Year) Est. Provide the location where the Incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Provid	le a descripi	tion of the a	ction (adı	ministrativ	e, crimina	al or other) tak	ėn as a re	sult of this inc	ldent.		·		
Provide the date of the Incident. (Month/Year) Est. Provide the location where the Incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Entry	#2												
Street Clty State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.			of the Incider	it. (Mont	-	Provide	a description	of the nati	ure of the inclo	ient or offen	se.	· · · · · · · · · · · · · · · · · · ·		
			on where the)nciden	t look plac		e City and Coun	try if autside					Code)	
	Provid	le a descript	ion of the a	ction (adı	ministrativ	e, crimina	al or other) tak	en as a re	sult of this inc	ident.	·	•		
							····		,			<u> </u>		
							• .	•						
		٠.						:				r'		
				:										
												•		
				•					•	`		•		
					•									
							٠							
			•											

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

tion 28 - Involvement in N							
he last ten (10) years, have form?	you been a party to	any public record civil o	ourt action not listed (elsewhere o	on 🗆	YES XNC	(If NO, proceed to Section
Complete the following if you en (10) years.	responded 'Yes' to	having been a party to s	ny public record civil	court action	ı(s) not lisi	ted elsewhere	on this form in the las
intry #1							
Provide the date of the civil a	ction. (Month/Year) Est.	Provide the court na	ime.				
rovide the address of the co	المبيعيا		States: otherwise omuid	City State :	and Zin Cod	(a)	•
Street		City	State.	Zip Code		Country	
		·					
rovide details of the nature of	of the action.	Provide a descriptio	n of the results of the	action.		he name(s) o in the court a	the principal parties tion.
ntry #2							
rovide the date of the civil a	☐ Est.						
rovide the address of the co treet		country if outside the United City	Stales; otherwise, provide State	City, State a Zip Code		a) Country	
		only .	1		•		
rovide details of the nature of	of the action.	Provide a description	n of the results of the	action.	Provide I	he name(s) o In the court at	the principal parties
	· _			<u></u>			
			•		•		
	·	•					
			•				
•						1	
	•						
					•		
•							
					•		
•							
•							•
·							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 29 - Association Record				
The following pertain to your associations. You are red adverse employment, security, or credentialing decision dangerous to human life and appear to be intended to coercion, or to affect the conduct of a government by r	n. For the purpose of this quantificate or coerce a civilla	uestion, terrorism is del In population to influen	ined as any criminal acts	that involve violence or are
29.1 Are you now or have you EVER been a mem awareness of the organization's dedication to				NO (If NO, proceed to 29.2)
Complete the following if you responded 'YES' to be the organization's dedication to that end, or with the	ing or ever having been a nespecific intent to further su	nember of an organizat ch activities.	ion dedicated to terrorism	n, either with an awareness of
Entry #1				
Provide the full name of the organization.				
Provide the address/location of the organization(Pr				ı Code)
Street C	ty	State Zip (Code Country	
Provide the dates of your involvement with the orga From Date (Month/Year) To Date (Month/Year) Est.	nization. Provide a aar) Present Est.	Il positions held in the	organization, if any.	No positions held
Provide all contributions made to the No con	tributions made Provide a	description of the natu	re of and reasons for you	ir Involvement with the
organization, if any.	organizat	ion.	•	
			·	
Entry #2				
Provide the full name of the organization.	•	,		. •
Provide the 1d of the 1d of the				
Provide the address/location of the organization. (Pr Street C	•	State States; otherwise State		(Code)
	•		i	
Provide the dates of your involvement with the orga	nization. Provide a	Il positions held in the	organization, if any,	No positions held
1				T 140 besitions tions
From Date (Month/Year) To Date (Month/Year)	<u></u>			
From Date (Month/Year) To Date (Month/Year)	Est			
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a		re of and reasons for you	
From Date (Month/Year) To Date (Month/Year)	Est			
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a			
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a			
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a			
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a organizat	lon.		
From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributions mad	tributions made Provide a organizat	lon.		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	tributions made Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	tributions made Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. Provide a organizat	lon.	re of and reasons for you	ir invalvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. Provide a organizat	lon.	re of and reasons for you	ir invalvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	tributions made Provide a organizat	lon.	re of and reasons for you	ir invalvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. tributions made Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. tributions made Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. tributions made Provide a organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. Iributions made organizat	lon.	re of and reasons for you	ir involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contribution, if any.	Est. Provide a organizat	lon.	re of and reasons for you	ir involvement with the

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR

ection 29 - Association Record - (Continued)		
.2 Have you EVER knowingly engaged in any acts of terrorlsm?	YES NO (If NO, proceed	ed ta
Complete the following if you responded 'Yes' to EVER having knowingly engaged	d in any acts of terrorism.	
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
	From Date (Month/Year) To Date (Month/Year)] Pre
	Est] Es
Entry #2		
Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
	From Date (Month/Year) To Date (Month/Year)] Pre
	Est.	Es
.3 Have you EVER advocated any acts of terrorism or activities designed to ov force?	rerthrow the U.S. Government by YES NO (Proceed	d lo
Complete the following if you responded 'Yes' to having EVER advocated any acts force.	s of terrorism or activities designed to overthrow the U.S. Government	nent
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	
•] Pr
• .	Est.] Es
Entry #2		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	
* * * * * * * * * * * * * * * * * * *	1	Pr
	1	Es
•		
•		
<u> </u>		• • • •
	•	
\cdot		
	,	
•	•	
·		
•		
•		
	•	
	•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 29 - Association Record -	(CONDITIONS)						
the United States Governm	ember of an organization dedicated ent, and which engaged in activities that end or with the specific intent	s to that end v	vith an aware	rce to overthrou ness of the	W TYES	S X NO (IF NO	proceed to 29
Complete the following if you resp. United States Government, and w. Intent to further such activities.	conded 'Yes' to having EVER been which engaged in activities to that e	a member of nd with an aw	an organizati areness of th	on dedicated to e organization's	the use of viol dedication to I	lence or force to that end or with t	overthrow the he specific
Entry #1			· · · · · · · · · · · · · · · · · · ·				`
Provide the full name of the organ	ization.						
Provide the address/location of th	e organization. (Provide Cily and Cour	try if outside the	United States;	otherwise, provide	City, State and 2	(ip Code)	
Street	City	1	State	Zip Code	Country		
Provide the dates of your involver	nent with the organization.	Provide all p	ositions held	I in the organiza	tion, if any,	No position	ns held
From Date (Month/Year) Est.	To Date (Month/Year) Present Est.	. '		- .	•		
Provide all contributions made to organization, if any.	the No contributions made	Provide a de organization		ne nature of and	d reasons for ye	our involvement	wilh the
Entry #2 Provide the full name of the organ	ization.						
Provide the address/location of th	e organization. (Provide City and Coun	in if nidelda the	I Inited States	othenvisa provids	Cibr State and	Zin Coda)	
Street	City .	my n outside the	State	Zip Code	Country	•	
		. 1		1			
Provide the dates of your involven	nent with the organization.	Drawlet a all a		1- (1	45	No positio	is held
		Provide all p	ositions held	in the organiza	uon, ir any.	I I MO POSITIO	10 11010
	To Date (Month/Year) Present	Provide all p	ositions held	in the organiza	uon, ir any.	[140 bosition	ig ficia
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.		escription of th	e nature of and	_	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to the contributions made to the contributions made to the contribution of the contributions and the contributions are contributions.	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	
Provide all contributions made to to	Est.	Provide a de	escription of th	e nature of and	d reasons for yo	our involvement	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Assoc		- [GOUGGEOOD]							
							· · · · · · · · · · · · · · · · · · ·		
or violence	to discourage	others from exe	ganization that advoc reising their rights un rther such action?				YES	X NO (II NO. I	proceed to 2
Complete the follo force or violence such action.	owing if you res to discourage o	sponded 'Yes' to others from exer	being or EVER have clsing their rights un	ing been a m der the U.S. (ember of an or Constitution or	rganization that ac that of any state o	vocates or p f the U.S. wi	ractices commis th the specific int	sion of act ent to furti
Entry #1				······ · · · · · · · · · · · · · · · ·	•				· · · · · · · · · · · · · · · · · · ·
Provide the full na	me of the orga	nization.				·	· · · · · · · · · · · · · · · · · · ·		
			•						
Provide the addre	ss/location of t	he organization	(Provide City and Cour	itry if outside th	e United States; o	therwise, provide Cit	y, State and Zi	p Code)	
Street			City		State	Zip Cade	Country		
Provide the dates	of your lavalve	ment with the o	rganization.	Provide all	nositions held i	n the organization	if any	No positions	held
From Date (Month)	•	To Date (Monti	_	1		ii iiia aigainmataii	,, .	L_ No positions	11010
•	☐ Est.	Ì	☐ Est.						
Draulda all contell		dollow\ [] .	contributions made	Brouldo a d	occeintles of th	e nature of and re	sees for we	us levelusees at w	isla shar
made to the organ	ization, if any.	dollars) No	contributions made	organizatio		a liarnie of Stid te	asons ioi yo	nt luvoivement w	ıın ıne
Entry #2						· · · · · · · · · · · · · · · · · · ·			
Provide the full na	me of the orga	nization.							
Provide the addre	ss/location of t	he organization.	(Provide City and Cour	itry if outside th	e United States; o	otherwise, provide Cit	y, State and Zi	p Code)	
Street			City		State	Zip Code	Country		
						}			
Provide the dates	of your involve	mant with the a	·						
		auent will me o	rganization.	Provide all p	positions held i	n the organization	, if aπy.	No positions	held
From Date (Month)	-	To Date (Month			positions held i	n the organization	, if any.	No positions	held
From Date (Month)	-				positions held i	n the organization	, if any.	No positions	held
	Year)	To Date (Month	Present Est.	Provide a d	escription of th	n the organization			
•	Year) Est. utions (in U.S.	To Date (Month	/Year) Present		escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				
Provide all contrib	Year) Est. utions (in U.S.	To Date (Month	Present Est.	Provide a d	escription of th				

QUESTIONNAIRE FOR

ction 29 - Association Record - (Continued)					
6 Have you EVER knowingly engaged in activities designed to overthrow the U.S.				NO (If NO, pro	
Complete the following if you responded 'Yes' to having EVER knowingly engaged in a	ctivities designed to ove	rthrow the	U.S. Gove	rnment by fo	гсе.
Entry #1					
Describe the nature and reasons for the activity.	Provide the dates of s From Date (Month/Yea			(Manth Wand	
			ODate	(Month/Year)	Pres
		Est.	<u> </u>		Est.
Entry #2					
Describe the nature and reasons for the activity.	Provide the dates of s From Date (Month/Yea			(Month/Year)	Pres
		Est.		,,	Est.
7 11 CVCD - interest of the second of the se	<u></u>				
7 Have you EVER associated with anyone involved in activities to further terrorism.		<u> </u>	YES	□ NO	
Complete the following if you responded 'Yes' to having EVER associated with anyone	involved in activities to	further terr	orism.		
intry #1	····				
rovide explanation.					
				•	
intry #2			·		
rovida explanation.			* .		
			· -,		·
			•		
			-		
	•				
		•			
•					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	,		
items. If additional space is required, use a l	dditional answers for Sections 11, 12 and 13. Use the space below to blank sheet (s) of paper. Include your name and SSN at the top of eat attempt to maintain sequential order and question format.	o contin ach blar	ue answers, to all other nk sheet (s). Before each
· ·	· · · · · · · · · · · · · · · · · · ·		
			· ·
		·	
		<u> </u>	
			·
·			
and then sign and date the following certific Certification My statements on this form, and on any attachr have carefully read the foregoing instructions to fine or imprisonment or both (18 U.S.C. 1001).	nents, you should review your answers to all questions to make sure cation and the attached release(s). ments to it, are true, complete, and correct to the best of my knowledge a o complete this form. I understand that a knowing and willful false statemed in understand that intentionally withholding, misrepresenting, or falsifying its prospects, or job status, up to and including denial or revocation of my secons.	ind belle ent on th informati	f and are made in good faith. I nis form can be punished by ion may have a negative
Signature (Sign in ink)			Date signed (mm/dd/yyyy) 07/15/2015
Enter your Social Security Number before	re going to the next page	•	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)	Full name (Type Jason Leiden		Date signed (mm/dd/yyyy) 07/15/2015	
Other names used Jay Leiderman			Date of birth 04/12/1971	Social Security Number 069-68-8543
Current street address Apt. # 5740 Ralston St ste 300	City (Country) Ventura	. State CA	Zip Code 93003	Home telephone number (805) 861-8282

069-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Date signed (mm/dd/yyyy)

069-68-8543

07/15/2015

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

Enter your Social Security Number before going to the next page

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

Signature (Sign in ink

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent; or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management, I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Jason Leiderman

Full name (Type or print legibly)

Other names used / / Jay Leiderman				Social Security Number 069-68-8543
Current street address Apt. #	City (Country)	State	Zip.Code	Home telephone number
5740 Raiston St ste 300	Ventura	CA	93003	(805) 861-8282
		······································	·	
For Use By Practitioner(s) Onl	у			
Does the person under investig safeguard classified national s	gation have a condition that could impair ecurity information?	his or her j	udgment, reliabl	lity, or ability to properly
☐YES ⊠NO				
If so, describe the nature of the	e condition and the extent and duration of	the impair	ment or treatme	nt,
•			•	
What is the prognosis?		•	÷	,
• • • • • • • • • • • • • • • • • • • •				
Dates of treatment?				•
•				
Signature (Sign in ink)	Practitioner name			Date signed (mm/dd/yyyy)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3205 0005

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records, Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name Jason Leiderman	1-	•	Social Security Number 069-68-8543
Signature (Sign in ink)	May 5		Date signed (mm/dd/yyyy) 07/15/2015
	7		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

LOCATION CODES									
Alabama	AL	Hawaii	ні	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	ΑK	ldaho	מו	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	illinois .	11.	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ПN	Utah	UT
California	CA	lowia	IA	Missouri	MO	Ohlo	ОH	Vermont	VΤ
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky ·	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA.	Nevada	NV	Pennsylvania	PA	West Virginia	w
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY.
Georgia	GA	•		•				, -	
American Samoa	AS	Johnson Atoli	JQ	Midway Islands	MQ	Palmyra Afoli	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerlo Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United	Ví	APO/FPO Europe	AE
Howland Island	HO .	Micronesia, Federated	FM	Palau	PW	States		APO/FPO Pacific	AP
Jarvis Island	DΩ	States							
			·P	UBLIC BURDEN INF	ORM	ATION			

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E. Street N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

AGENCY USE BLOCK	"AUB"									
Investigating agency user only	ng agency user only Codes: (FIPC CODES)					Case N	umber:			
FOR COMPETITIVE SERVIN THE HIRING PROCESSI	S APPEARS TO E	BE DISCREF	ANT W	TH INFO	RMATIO	PROVID	DED ON T	THIS QUE	STIONN	
A Type of investigation B	Extra coverage/Adv	ance results	C Sensi	livity level	Compul/	ADP D A	ccess/Eligil	bility	E Nature	of action code
F Date of action (Month/Day/Ye	ar) G Geographic	location	H Positi	on code	i Positio	n title			J 80N (s	Submitting Office Number)
K Location of official personne	al folder	None NPRC	At St		Other Ot	her addres	s/Web add	lress of e-C	PF	Zip Cade
L SOI (Security Office Identifier)			None NPI	0	ther	her addres				Zip Code
N IPAC	O Treasury Accou	ınt Symbol		P Obliga	ting docur	nent numb	er	Q Busines	s Event Ty	pe Code
R Accounting data and/or Age	ency case number						S Inves	tigative req	ulrement	Initial Reinvestigation
T Requesting official - Name		Title					Signature	1		
Email address						Telepi	hone numb	er (include l	Ext.) C	Date (Month/Day/Year)
U Secondary requesting official	al - Name			1	itie	· · · · · · · · · · · · · · · · · · ·				
Email address		Telep	hone num	iber (Include	Ext.) V	Applicant	affiliation	FEC	CIV	CON Other
W Deployment/PCS - (Do not p Location (if imminent)	rovide deployment data	a if Classified or	Sensitive li	nformalion)						
From (Month/Day/Year)	Est. To (Month.	/Day/Year)	Est. Perma	nent Reloc		eason(s) fo	or temporar	y duty assi	gnment or	PCS
Point of contact at location	Telephone numb	er (Include Ext.)	Addr	ess/Unii/D	uty location	(Include C	ily or Post N	ame)		
Commercial and Government E	Entity (CAGE) Code		Cont	ract Numb	er					
Agency Special Instructions for	the Investigative Se	ervice Provide	 г.							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

PERSONS COMPLETING THE PRECEDING INST		SHOULD BEGI	N WITH THE QU	ESTIONS BEL	OW AFTER C	AREFULLY READING
I have read the instructions to the penalties for inaccura security clearance, and/or n	ite or false stateme	nt (per U. S. Crimir	ral Code, Title 18, se			
Section 1 - Full Name			,		•	
Provide your full name. If you Name". If you are a "Jr.," "Sr.,	have only initials in y " etc. enter this unde	r Suffix.	hem and indicate "Ini			
Last name	•	First name		Middle	name	Suffix
Leiderman	т	<u> </u>		Scott		
Section 2 - Date of Birth	Section 3 - Place					
Provide your date of birth. (Month/Day/Year)	Provide your place City	of birth.	County	Sta	ate Country	(Required)
04/12/1971	New York (Que	ens)	Queens	ny	1	States
Section 4 - Social Security N	lumber					
Provide your U.S. Social Secu 069-68-8543	·	Not applicable				
Section 5 - Other Names Use						
Have you used any other name	 			[X]	YES NO (If	NO, proceed to Section 6)
Complete the following if you		s' to having used of	ther names	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Provide your other name(s) u				r malden name(s)	name(s) by a form	er marriage, former name(s).
allas(es), or nickname(es)]. If Middle Name" (NMN). If you	you have only initial	s in your name(s), p	provide them and indic	ate "Initial only." if	you do not have a	middle name (s), indicate "No
#1 Last name		First name		Mid	die name	Suffix
Leiderman		Jay .				
From (Month/Year) 01/1971	To (Month) Est. 07/2015	· Militaria	Maiden name?	Provide the reas	on(s) why the nam	ne changed
#2 Last name	<u> </u>	First name)	Mid	die name	Suffix
From (Month/Year)	To (Month/	Year) Present	Maiden name?	Provide the reason	on(s) why the nam	e changed
#3 Last name		First name		Midd	dle name	Suffix
From (Month/Year)	To (Month/	Vanel -	Maiden name?	Droving the resu	on(s) why the nam	n changed
	Est.	Year) ☐ Present ☐ Est.	TYES TINO	Linguage rife least	anta) why the light	e thangen
#4 Last name	-3	First name		Midd	ile name	Suffix
From (Month/Year)	To (Month/		Malden name?	Provide the reason	on(s) why the nam	e changed
	ist.	Est,				
Section 6 - Your Identifying In						
Provide your identifying Inform Height	ation. Welght <i>(in pou</i>	nds) Hair color		Eye colo	r	Sex Female
E 10	_{hes)} 170	Brown		Blue	· 	▼ Male
	•		·			
					l -	
Enter your Social Security I	Number before go	oing to the next p	oage		─	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

Section 7 - Your Contact Information				
Provide your contact information. Home e-mail address		Work e-mail address		
Home e-mail address	1	liay@criminal-lawye	er.me	
International or DSN phone number	International or DSN p	phone number	International or DSN phone	number
Hame telephane number Extension Day	Work telephone number	Extension 🔀 Day	Mobile/Cell telephone number	
(805) 861-8282 X Night	(805) 654-0200	24 Night	(805) 861-8282	Night
Section 8 - U.S. Passport Information				
Do you possess a U.S. passport (current or expire	ed)?		,	,
X YES NO (If NO, proceed to Section 9)				
Provide the following Information for the most receives sport number lessue de	int U.S. passport you curren ste <i>(Month/Day/Year</i>) Expire	itly possess. ation date (Month/Day/Year)		
448919031 07/15/			The following link will provide U. passport help. http://travel.state	S. State Department .gov/passport
Provide the name in which passport was first issue				
Last name Leiderman	First name Jason	1	Alddle name Scott	Suffix
	1 4430/11		Jour	
Section 9 - Citizenship Select the box that reflects your current citizenship	: :	· · · () (· · · · · · · · · · · · · ·		
		nwealth.		(-1- 0 g)
(Proceed to Section 10)			a a naturalized U.S. citizen, (Comp	iele 9.2)
I am a U.S. citizen or national by birth, born to (Complete 9.1)			not a U.S. citizen. (Complete 9.3)	
9.1 Complete the following if you answered that		national by birth, born to	U.S. parent(s) in a foreign cour	ntry.
Provide type of documentation of U.S. citizen by		tion) >		
FS240 or FS545 DS 1350	Other (Provide explana			
Provide document number for U.S. citizen born	abroad. Provide the	date the document was is	Sued. (Month/Day/Year)	
Provide the place of issuance. (Provide City and C	Country if outside the United State	tes; otherwise, provide City an		
City	State Country	•		
Provide the name in which document was issue Last name	d. First name	٨	Middle name	Suffix
	Ì			
Provide your citizenship certificate number.	Provide the name of the c	ourt that issued the citizen	ship certificate.	
Coulds the address of the court that instead the	altinometric and Control			
Provide the address of the court that issued the Street	ciuzensnip cerimcate.	City	State	Zip Code
				\ `
Provide the name in which the certificate was is:				
Last name	First name	, r	Ilddle name	Suffix
Provide the date the certificate was issued. (Mon	th/Day/Varet Mara you be	om on a U.S. military Insta	lation? Provide the name of the	ng hase
Flovide the date the certificate was issued. (Mon		NO (If NO, proceed to Sec	t .	ie dase.
<u> </u>				
_				,
·				
the court Cooled Concests Number hat are	ning to the part saca			69-68-8543
nter your Social Security Number before g	ning to tue tiext bage			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide the date of entry into the			turalized U.S. ci					
(Month/Day/Year)	U.S.	Provide the loca City	tion of entry into	the U.S.	State			
[manthway: 1001)	Est.	Oity						
Provide country(ies) of prior citize	enship.				<u></u>			
#1 Country				#2 Coun	try			
				_				
Doldid you have a U.S. alien regi	istration nun	nber?						
YES								
LINO		alien registration						
Provide your citizenship certificate number.		Provide the date t ssued. <i>(Month/Da</i>		ertificate wa	18	Provide the name of the certificate.	court that issu	ued the citizen
number.	(ssued. (Month/Da	y/rear)	r	1=+	cai imeate,		
Provide the address of the court t	that iccurd t	ha citizanchia ca	difference	<u>_</u>	Est.			
Street	mai issueu i	ne chizenship cei	rinicat e ,	City			State	Zip Code
•				}			1	
Provide the name in which the cit	lizenship cet	tificate was Issue	ed.	· L				<u> </u>
Last name		First name				Middle name		Suffix
Provide your naturalization certific	cate number		Provide the da	te the natu	ralization	certificate was Issued. (Month/Day/Yea	•
			<u> </u>			·		
Provide the name of the court that naturalization certificate.	it issued the	Provide the Street	address of the c	ourt that iss		naturalization certificate.	State	Zip Code
naturalization certificate,		Streat			City		Grate	Zip Cade
					<u></u>		<u> </u>	<u> </u>
Provide the name in which the na Last name	ituralization	certificate was is: First name	suea,			Middle name		Suffix
Provide the basis of naturalization	٦.							
Based on my own individual n	raturalizatio	• •	Other	(Provide ex	kplanatio	n) >		<u> </u>
	raturalizatio	• •	Other	(Provide ex	kplanatio	n) >		
Based on my own individual n	naturalization ny U.S. citize	en parent		(Provide ex		n))	•	
Based on my own individual m By operation of law through m 9.3 Complete the following if you	naturalization ny U.S. citize nanawared t	en parent hat you are not a	U.S. Citizen,			n) >		
Based on my own individual n	naturalization ny U.S. citize nanawared t	en parent	U.S. Citizen,					
Based on my own individual in By operation of law through me 9.3 Complete the following if you provide your residence status.	naturalization ny U.S. citize nanswered t Provide yo	en parent hat you are not a	U.S. Citizen,			n) •		
Based on my own individual m By operation of law through m 9.3 Complete the following if you	naturalization ny U.S. citize nanswered t Provide yo	en parent hat you are not a	U.S. Citizen,		[
Based on my own individual m By operation of law through m 9.3 Complete the following if you Provide your residence status. Provide country(les) of prior citize	naturalization ny U.S. citize nanswered t Provide yo	en parent hat you are not a	U.S. Citizen,	h/Day/Year)	[{·	
Based on my own individual m By operation of law through m 9.3 Complete the following if you Provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the	naturalization y U.S. citize a answered t Provide you enship.	en parent hat you are not a	u U.S. Citizen. in the U.S. (Manti	h/Day/Year)	[
Based on my own individual m By operation of law through m 9.3 Complete the following if you Provide your residence status. Provide country(les) of prior citize #1 Country	naturalization y U.S. citize a answered t Provide you enship.	en parent hat you are not a	U.S. Citizen,	h/Day/Year)	[
Based on my own individual in By operation of law through me 9.3 Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City	naturalization y U.S. citize answered t Provide you niship. U.S.	en parent hat you are not a our date of entry t	u.S. Citizen, in the U.S. (Manu	h/Day/Year) #2 Count	[
Based on my own individual m By operation of law through m 9.3 Complete the following if you Provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the	naturalization ny U.S. citize a answered t Provide you niship. U.S.	en parent hat you are not a our date of entry to	U.S. Citizen, in the U.S. (Manual State	#2 Count	[ry] Est.	•	
Based on my own individual of By operation of law through me 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your alien registration number 1.	naturalization ny U.S. citize answered t Provide yo enship. U.S.	en parent hat you are not a our date of entry i ovide type of doc] I-94 U.	State	#2 Count #2 Count -94, etc.)	[] pvide ex	Est. Dianation) ▶		
Based on my own individual in By operation of law through me 9.3 Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City	naturalization ny U.S. citize answered t Provide yo enship. U.S.	en parent hat you are not a our date of entry to	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	Est. Dianation) ▶	ion date of vi	
Based on my own individual in By operation of law through me 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc] I-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] pvide ex	Est. Dianation) ▶	ion date of vis	sa. (Month/Day.
Based on my own individual of By operation of law through my 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number. Provide the name in which the document number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc 1-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	☐ Est. Diamation) ▶ or) Provide the expirat	ion date of vi	
Based on my own individual in By operation of law through me 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc] I-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	Est. Dianation) ▶	ion date of vi	
Based on my own individual of By operation of law through my 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number. Provide the name in which the document number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc 1-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	☐ Est. Diamation) ▶ or) Provide the expirat	ion date of vi	
Based on my own individual of By operation of law through my 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number. Provide the name in which the document number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc 1-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	☐ Est. Diamation) ▶ or) Provide the expirat	ion date of vi	
Based on my own individual of By operation of law through my 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number. Provide the name in which the document number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc 1-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	☐ Est. Diamation) ▶ or) Provide the expirat	ion date of vi	
Based on my own individual of By operation of law through my 9.3. Complete the following if you provide your residence status. Provide country(les) of prior citize #1 Country Provide your place of entry in the City Provide your stien registration number. Provide the name in which the document number.	naturalization ny U.S. citize naswared t Provide you niship. U.S.	en parent hat you are not a our date of entry to ovide type of doc 1-94 U. ovide the date do	State	#2 Count #2 Count -94, etc.)	[] gy gyide ex gy/Qay/Yea	☐ Est. Diamation) ▶ or) Provide the expirat	ion date of vi	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

n 10 - Dual/Multiple Citizenship & Foreign Passport Information to you now or have you EVER held dual/multiple citizenships? Taplete the following If you answered 'Yes' to having EVER held dual/multiple try #1 Tride country of citizenship.				
nplete the following If you answered 'Yes' to having EVER held dual/multi ry #1		YES	NO (If NO, proceed t	- 10 11
ry #1			X NO (II NO, proceed to	U 1U.ZJ
	ple citizenship.			
ide country of citizenship.		4 74		
	(Provide the date r	ange that you held thi	1 citizenship with this co is cilizenship, beginning v 'Present," whichever is ap	vilh the d
did you acquire this non-U.S. citizenship you now have or previously had	Prom Date (Month/	Year)	To Date (Month/Year)	□ P!
e you taken any action to renounce your foreign citizenship?			<u> </u>	
YES NO Provide explanation:			,	
ou currently hold citizenship with this country?			· · · · · · · · · · · · · · · · · · ·	
YES NO Provide explanation:				
y #2		· · · · · · · · · · · · · · · · · · ·		
ide country of citizenship.	During what period	d of time did you hold	i citizenship with this cou	intry?
			s citizenship, beginning w	
did you acquire this non-U.S. citizenship you now have or previously had?		=	Present," whichever is ap To Date (Month/Year)	• •
	7 (411) 2412 (412)	∏ Est.	, a sucception of the succepti	∏ Pr
you taken any action to renounce your foreign citizenship?				<u> ليبا</u>
YES NO Provide explanation:				
ou currently hold citizenship with this country?				
YES NO Provide explanation:			,	
plete the following if you answered 'Yes' to having been issued a passpo y #1				
ide the country in which the passport (or identity card) was issued,	Provide the date to	he passport (or Ident	lity card) was Issued. (Mo	onth/Day
ide the place the passport (or identity card) was issued.				
	C	ountry		
the the second for the three terms of				
ide the name in which passport (or identity card) was Issued. First name	, M	liddie name	Suffix	
	, Provide the passp	ort (or Identity card)	expiration date. (Month/D	ay/Year)
ide the passport (or identity card) number.	į.			∏ Es
·				
you EVER used this passport (or identity card) for foreign travel?				
eyou EVER used this passport (or identity card) for foreign travel?	1			
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)				
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Month/Year)	To date (Mo.		
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Month/Year)		nth/Year)	
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Month/Year)	To date (Mo. Est. Est.	Est	Preser Preser
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Month/Year)	To date (Mo.	Est	Preser Preser
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Month/Year)	To date (Mo. Est. Est.	Est , Est Est	Preser Preser Preser
e you EVER used this passport (or identity card) for foreign travel? YES NO ide the countries to which you traveled on this passport (or identity card)	date (Manth/Year)	To date (Mo. Est. Est.	Est , Est Est	Presen Presen Presen Presen

QUESTIONNAIRE FOR

Form approved: OMB No. 3208 0005

Complete the following if you answered 'Yes' to h	aving been issued a p	assport (or identity c	ard for travel)	dy a country officer file	an the U.S.	
Entry #2		···	 	ı	 ,	
Provide country in which the passport (or identity	card) was issued.	Provide the	date the pas	sport (or Identity card	l) was issued	d. (Month/Day/Ye
Provide the place the passport (or identity card) v City	vas issued,		Country			
Provide the name in which passport (or identity contact name	ard) was issued. First name		n elbbiM	name	s	uffix
					1	
Provide the passport (or identity card) number.		Provide the	passport (or	identity card) expirati	ion date. (Mo	inih/Day/Year) [] Est.
Provide the passport (or identity card) number. Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on the					ion date. (Ma	• •
Have you EVER used this passport (or identity ca			involved with			• •
Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on the		card) and the dates	involved with	each.		• •
Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on the		card) and the dates	involved with	each.	r)	Est.
Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on th Country #1		card) and the dates	involved with ar) Est.	each.	o) Est.	Est.
Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on the Country #1		card) and the dates	involved with Est. Est.	each.	r) Est.	Est.
Have you EVER used this passport (or identity ca YES NO Provide the countries to which you traveled on th Country #1 #2		card) and the dates	involved with er) Est. Est. Est.	each.	ri) Est. Est.	Present Present Present

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks, Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Entry #1 Provide dates of residence.								· · · · · · · · · · · · · · · · · · ·
		1	s/was this reside	ance:		· · · · · · · · · · · · · · · · · ·		
	To Date (Month/Year)	ł.	X Owned by y		nted or lease	d hv vnu		
04/2012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Est.	Military hous			xplanation) ▶		
Provide the street address. (Pro	ulda Citu and Country i							
Circle tile street address. [Fit	ovide City and Country ii	Obtaine the Othlen of	iates, billetwise, pr	Cinio Cinio	a ana zip Code		untry	
f you have indicated an APO/F a) Provide physical location da								ovido Chu and Counte
if outside the United States; oth	herwise, provide City, S	tate and Zip Code for	r ports in the Unite	d States.)	tion of Home	hainisat iis	auquanter, (rn	ovide Cily Brid Codini;
Street Address/UniVDuty Lo		City or Post Nam		State	Zip Code	, Co	untry	
•					}			
b) Did you have an APO/FPO	address while at thi	s location?				L		
YES - Address		- 1	APO or	FPO		APO/FPO S	tate Code	Zip Code
□NO								
Provide the name of a neighbor	s os other nerenn wh	a knowe you at thi	e address			·	Provide det	e of last contact.
to vice the hante of a noighbor	r dr otrici perzett titt	o mono jou at an	D D G D ; C D D ;				1 1 TO Flace Got	a or not contact.
		·						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OM8 No. 3296 0005

> b6 b7C

٤	Section 11 - Where You Have Lived - (Continued)	,					
	Enter residence Information.					1	
}	Entry #2	· · · · · · · · · · · · · · · · · · ·					
	Provide dates of residence.		Is/was this reside	ence:			
-	From Date (Month/Year) To Date (Month/Year)	Present	X Owned by ye	ou 🔲 Reni	ied or leased by you		1
1	11/2001	Est.	Military hous		er(Provide explanation	nn) 🕨	
	Provide the street address. (Provide City and Country if		States; otherwise, pr				
- 1	Street 340 Blackfoot Lane	City VEntura	ı	State	Zip Code 93001	Country	l
				ca			
	If you have indicated an APO/FPO address, completed. (a) Provide physical location data with street addreses.	ite (a). If you na ss. base, post, e	ve indicated an ac mbassy, unit, and	iaress outside country locat	or the United State Ion or home port/fler	s, complete (b). et headovarter. <i>(Pro</i> l	vide City and Country
1	if outside the United States; otherwise, provide City, S	tate and Zip Code	for parts in the Unite	d States.)			
1	Street Address/Unit/Duty Location	City or Post Na	me [State	Zip Code	Country	
- 1	(1) 214 1 1 1 1 1 1 1	- 112			<u> </u>		
1	(b) Did you have an APO/FPO address while at this YES Address	s iocation ?	APO ar	FPO	APO/F	O State Code	Zip Code
1	X NO		1				
	Provide the name of a neighbor or other person wh	n knows you at t	his address			Provide date	of last contact.
	•						
						•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide dates of residence. From Date (Month/Year) To Date (Month/Year) ☐ Present ☐ Owned by you ☐ Rented or leased by you 03/2000 ☐ Est. 11/2001 ☐ Est. ☐ Milltary housing ☐ Other(Provide explanation) ▶ Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)									
Iswas this cesidence. To Date (Month/Year) Present Swas this cesidence: Owned by you Rented or (eased by you 3/2000 Est. 11/2001 Est. Millar) housing Other (Provide explanation) Provide the street address. (Provide City and Country is dustate the United States: otherwise, provide City. (State and Zip Code) City State Zip Code Country City State Zip Code Country City State Zip Code Country City State Zip Code Country City State Zip Code Country City	nter residence infor	mation.							
From Date (Month/Year)	Entry #3								
03/2000	Provide dates of resid	lence.		1					
Provide the street address. (Provide City and Country if outside the United States: otherwise, provide City. State. Zip Code. City. State. Zip Code. Country Cal. 933003 Tyou have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, ambassy, unit, and country location or home partificet headquarter. (Provide City and City or Data Address) Unit(Duty Location. City or Post Name. City or Post Name. State. Zip Code. Country Did you have an APO/FPO address white at this location? APO or FPO. APO/FPO State Code. Zip Code. Crowlide the name of a neighbor or other person who knows you at this address. Provide the name of a neighbor or other person who knows you at this address.	From Date (Month/Yea	ar) To Date (Month/Ye	ear) 🔲 Present	Owned by	you 🔀 Re	nted or lease	d by you		
Street Address/Unit/Duty Location City or Post Name State Zip Code Country 17 you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif routise the latted States, administration City or Post Name State Zip Code Country 15) Did you have an APO/FPO address white at this location? 17 YES Address APO or FPO APO/FPO State Code Zip Code 28 NO 28 NO APO/FPO State Code Zip Code Provide the name of a nelobbor or other person who knows you at this address.	03/2000] Est. 11/2001	Est.	Military hou	ising 🔲 Oti	rer(Provide e	xplanatio	n) ▶	
Yend New Indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassey, unit, and country location or home port/fleet headquarter. (Provide City and Colif dustriate the United States; therewise, provide City. State and Zip Code for parts in the United States.) Street Address**Unit/Duty Location City or Post Name State Zip Code Country	Provide the street add	dress, (Provide City and Count	ry if outside the United	States; otherwise, p	oravide City, Sta	le and Zip Code	7.)		
f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif dustriate in United States, at Doce for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Did you have an APO/FPO address white at this location? YES → Address APO or FPO APO/FPO State Code Zip Code Revolved the name of a nalighbor or other person who knows you at this address. Provide the name of a nalighbor or other person who knows you at this address.	Street				State			Country	
a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fileet headquarter. (Provide City and Cort routsteet be Inteled States; otherwise, provide City. State and Zip Code for post in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Did you have an APO/FPO address white at this location? YES Address APO or FPO APO/FPO State Code Zip Code NO Provide the name of a neighbor or other person who knows you at this address. Provide the name of a neighbor or other person who knows you at this address.	6700 Telephone	Road	VEntura ·		ca	93003		1	
b) Did you have an APO/FPO address while at this location? APO or FPO APO/FPO Ştate Code Zip Code Rowlide the name of a neighbor or other person who knows you at this address. Provide date of last contact Description: D	(a) Provide physical le if outside the United	ocation data with street add States; otherwise, provide City	iress, base, post, e , State and Zip Code	embassy, unit, an for ports in the Unit	d country loca ad States.)	ation or home	ed States port/fles	et headquarter. (F	Provide City and Co
Provide the name of a neighbor or other person who knows you at this address. Provide the name of a neighbor or other person who knows you at this address. Provide date of last contact the name of a neighbor or other person who knows you at this address.	0110011100100000	ne buty Lobation	1			2 ip 0002		1	
Provide the name of a neighbor or other person who knows you at this address. Provide the name of a neighbor or other person who knows you at this address. Provide date of last contact the name of a neighbor or other person who knows you at this address.	(h) Did way have an (DO/CDO address while at	hhi- landin D		<u> </u>			<u> </u>	
b6 —	YES -		this location?	APO o	r FPO		APO/FF	PO Ștate Code	Zip Cade
h7C	Provide the name of a	nelahbor or other person	who knows you at I	his address.	· · · · · · · · · · · · · · · · · · ·			Provide d	ale of last contac
h7C									
h7C									
ь т									
									—b6 ——
								•	
								•	
								,	

Standard Form 85 Revised December 2010 U.S. Office of Personnal Management

QUESTIONNAIRE FOR MATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0805

CFR Parts 731, 732, and 736	IATIONAL SECU	VIII POOMIC	71VW		
Section 11 - Where You Have Lived - (Continued)					
Enter residence information.					
Entry #4					
Provide dates of residence.	1	s residence:			
From Date (Month/Year) To Dale (Month/Year) 08/1996		===	ed or leased by you		
Provide the street address. (Provide City and Country if			r(Provide explanatio	n) >	
Street .	City	State	Zip Code	Country	
398 Willard North	SAn Francisco	ca	,	,	
If you have indicated an APO/FPO address, comple (a) Provide physical location data with street addres If outside the United States; otherwise, provide City, St Street Address/Unit/Duty Location	ss, base, post, embassy, ui tale and Zip Code for ports in II City or Post Name	nit, and country locati			de City and Country
(b) Did you have an APO/FPO address while at this ☐ YES → Address X NO	s location?	APO or FPO	APO/FF	O State Code	Zip Code
			·		ь6 ь7С

Enter your Social Security Number before going to the next page -

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You W	Vent to School						·	
Do not list education before	your 18th birthday, unles	ss to provid	le a minim	um of two yea	rs of education	history.		
a) Have you attended any	schools in the last 10 ye	ars?		1			ore than 10 years ago?	
YES X NO	·			X YES L	NO (ILNO 10 1	12(a) and 12(b), proceed	d to Section 13A)	
Entry #1 Provide the dates of atte	udanea		Coloct th	o maci space	ndata nada ta	describe your school		
_			[·		huare code to	Marie		
From Date (Month/Year) 08/1996	I 04/1999 - I	Present	High		/Military Colleg		chnical/Trade School nce/Distance/Extension/O	niine Scho
Provide the name of the University of San Fr	school. ancisco School of Li	aw						
(Provide City and Country if o	ss of the school. For corre outside the United States; other					ovide the address w	here the records are main	talned.
Street 2130Fulton St		City San Fr	ancisco		State ca	Zip Code 94117	Country	
completed more than 3 y	d in the last 3 years, list a lears ago. For correspond st name	person wh Jence/dista	nce/extens	ย at the scho sion/online sc rst name	ol (instructor, si hools, list some	tudent, etc.). Do not eane who knew you	list people for education p while you received this ed	eriods lucation.
Provide current address Street	for this person (including	apartment City	number). ((Provide City an	d Country if outsid State	te the United States; oth Zlp Code	rerwise, provide City, State and Country	d Zip Code.)
Provide telephone number Telephone number	Extension in	iternational	or DSN p	on't know hone number	1	address for this per	son.	don't knav
Did you receive a degree YES NO Provide type of degrees(s)/diploma(s) received an	id date(s) a	warded.					
	chool Diploma, Associate Degree (e.g. MD, DVM, J		r's, Maste	r's,	Other	degree/diploma	Date awarded (Month/Year)	Est.
Professional Degree	e (e.g. MD, DVM, JD))						1-
					<u> </u>			
Entry #2								
Provide the dates of atter From Date (Month/Year)		Present	Select the	• • •	oriale code to d	lescribe your school.	chnical/Trade School	
06/1989 Est.	05/1993] Est.	_ •		/Military Colleg	han?	on/los/made dender	nline Scho
Provide the name of the s University Of Michiga								
	s of the school. For corre utside the United States; other				ne schools, pro		nere the records are maini	lained.
Street 500 S. State Street		City Ann Ar	bor		State mi	Zip Code 48109	Country	
For schools you attended completed more than 3 ye	in the last 3 years, list a ears ago, For correspond t name	person who ence/distar	ice/extens	ı at the schoo ion/online sch st name	l (instructor, st nools, list some	udent, etc.). Do not l one who knew you v	ist people for education pe vhile you received this edu	eriods Joation,
	u Number before	on to the	novi	10		k	069-68-854	3
er your Social Security	y Number before gott	ng to the	next bag	JG				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide current address for this person (including apartment number). Provide City and Country invasion the United States; otherwise, provide City. State and Zip C Country City State Zip Code Country	ection 12 - Where You \	Nent to School - (Continu	red)	·			1	
Street City State Zip Code Country Provide telephone number for this person. don't know Provide telephone number Extension don't know Provide street Country Did you receive a degree/diploma? Wight Degree/diploma City School Diploma, Associate's, Bachelor's, Master's, Degree/diploma City Country Degree/diploma City City Country Degree/diploma City City City Degree/diploma City City City Degree/diploma City City City City Degree/diploma City City City City City Degree/diploma City	Entry #2 (Continued)							
Provide telephone number Extension	Provide current address	for this person (including a	apartment	number). (Provide Cily a	nd Country if outs	ide the United States; o	otherwise, provide City. State and	l Zip Cot
Select the most appropriate code to discribe your school. College (Annual Fred National College Country 1) College Country College	Street		City		State	Zip Code	Country	
Select the most appropriate code to discribe your school. College (Annual Fred National College Country 1) College Country College			1		j			
Select the most appropriate code to discribe your school. College (Annual Fred National College Country 1) College Country College	Dravida Islanbasa sumi	har far this paraen		The same transmit	Provide emai	address for this no	reon III.	· 14 1
Day Night Did you receive a degree/diploma? Did you receive a degree/diploma(s) received and date(s) awarded. Degree/diploma Did owarded Degree/diploma Did owarded Degree/diploma Did owarded Did owarded Degree/diploma Did owarded Did owarde		_ i .			TOTICE CITIES	readioco tor tina po	. []	ian i kn
YES NO No No No No No No No	resoptions number	` ⊒''''		•	1			
YES NO Provide by not degrees(s)/diploma(s) received and disto(s) awarded. Declarate, Professional Degree (e.g., MD, DVM, JD), Other)			iy Nigi	nt	<u> </u>			
Provide typs of degrees(s)/diploms(s) received and date(s) awarded. Degree/diploms (High School Diploms, Associate's, Bachelor's, Master's, Other degree/fiploms Date awarded (Mocah/Year) Entry #3 Provide the dates of attendence. Firm Date (Month/Year) Present Select the most appropriate code to describe your school. Defree/diploms Date awarded (Mocah/Year) Ethics (Month/Year) Present Select the most appropriate code to describe your school. Defree/diploms Date (Month/Year) Present Select the most appropriate code to describe your school. Defree/diploms Obert Ober	Did you receive a degre	e/diploma?			•			
Degree/diplome High School Optome, Associate's, Bachelor's, Mester's, Other degree/diploma Date awarded (Manih/Year) Bachfelor's Bachfelor's College (e.g. MD, DVM, JD), Other) Bachfelor's Covide the dates of attendance. Condition of the dates of attendance. College (University) Military College Correspondence/Distance/Extension/Online Size the name of the school. College/University/Military College Correspondence/Distance/Extension/Online Size the street address of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for schools you will be school of the address where the records are maintained. College/University/Military College Country for schools you will be school. Country for schools you attended in the fast 3 years, list a person who knew you at the school first unton, student, etc.). Do not list people for education periods completed more than 3 years ago, For correspondence/distance/extension/voline schools, list someone who knew you will eyou received this education first name Last name First name First name First name First name City State and Zip Code Country Country (Forwide current address for this person. I don't know leiphone number I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provid	YES NO							
Degree/diplome High School Optome, Associate's, Bachelor's, Mester's, Other degree/diploma Date awarded (Manih/Year) Bachfelor's Bachfelor's College (e.g. MD, DVM, JD), Other) Bachfelor's Covide the dates of attendance. Condition of the dates of attendance. College (University) Military College Correspondence/Distance/Extension/Online Size the name of the school. College/University/Military College Correspondence/Distance/Extension/Online Size the street address of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for some of the school. College/University/Military College Country for schools you will be school of the address where the records are maintained. College/University/Military College Country for schools you will be school. Country for schools you attended in the fast 3 years, list a person who knew you at the school first unton, student, etc.). Do not list people for education periods completed more than 3 years ago, For correspondence/distance/extension/voline schools, list someone who knew you will eyou received this education first name Last name First name First name First name First name City State and Zip Code Country Country (Forwide current address for this person. I don't know leiphone number I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provide current address for this person. I don't know Provid	Provide type of degrees	s(s)/dlploma(s) received an	d date(s) a	warded.				
Content Professional Degree (e.g. MD, DVM, JD), Other) Content degree/uniforms Content d					<u> </u>		T	T T
College/University/Military College Correspondence/Distance/Extension/Online States and East City City and Country for schools you attended in the last 3 years, list a personnel college was provided the schools.				i e, master e,	Other d	egree/diploma	Date awarded (Month/Year)	Es
Select the most appropriate code to describe your school. Trim Date (Month/Year) To Date (Month/Year) Present Select the most appropriate code to describe your school. Whigh School Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 Est. Off.1989 College/University/Military College Correspondence/Distance/Extension/Online Schools. Off.1989 Off.1					 			
Select the most appropriate code to describe your school.	Bachelor's							
Select the most appropriate code to describe your school.								
Select the most appropriate code to describe your school.					<u> </u>			
Present	Entry #3						· · · · · · · · · · · · · · · · · · ·	
Set	Provide the dates of atte	endance.		Select the most appro	priate code to	describe your school	ıi.	
Set	From Date (Month/Year)	To Date (Month/Year) -	7	☑ High School		Vocational	echnical/Trade School	
State Correspondence/Distance/Extension/Online schools Country Count	0014004	Lacunon				_		
Clarkstown High School South Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. Provide Clay and Country if outside the United States; otherwise, provide City. State and Zip Code.] In Demanest Mill Rd	× Est] 55/ 1505	_] Est.	College/University	/Military Colleg	e Corresponde	ence/Distance/Extension/Onl	line Sc
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. Provide City and Country I autiside the United States; otherwise, provide City, State and Zip Code. It Demarest Mill Rd	Provide the name of the	school.		•				
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. Provide City and Country I autiside the United States; otherwise, provide City, State and Zip Code. It Demarest Mill Rd	Clarkstown High So	chool South	,					
Provide current address for this person. Identity Coly Country Found Country Country Country Country	Drawleto the etrack addres			Idlata a a da sela a la ala al				.1
City West Nyack ny in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods or schools you attended in the last 3 years, list a person who knew you at the schools, list someone who knew you while you received this education periods ompleted more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name I don't know						ovide die address v	vilete the records are mainte	meu.
Or schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/soline schools, list someone who knew you while you received this education periods completed more than 3 years ago. For correspondence/distance/extension/soline schools, list someone who knew you while you received this education periods completed more than 3 years ago. For correspondence/distance/extension/soline schools, list someone who knew you while you received this education periods completed more than 3 years ago. For correspondence/distance/extension/soline schools, list someone who knew you while you received this education periods completed more than 3 years ago. For correspondence/distance/extension/soline schools, list someone who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods completed who knew you while you received this education periods can be added to complete the United States; otherwise, provide City State Vip Quality of Country State Vip Quality of Country State Vip Quality of Country	•	spisipo tiro Ormeo Giotoa, otricir	• •	only, divide and cip dates,		7in Code	Country	
for schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods ompleted more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education in the state of the people for education periods of the state of t		d		lyack	b	1 1	Journal	
completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education is also name. First name First name Provide current address for this person (including apartment number). (Provide City and Country if autistic the United States; otherwise, provide City. State Zip Code Country Trovide telephone number for this person. International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number International or DSN phone	51 56 mai 56 min 1 m	_	[,, 25,1	liik		· · · · · · · · · · · · · · · · · · ·	
Provide telephone number for this person. I don't know lelephone number Extension International or DSN phone number Day Night Night Day Night Day Night No Provide type of dagrees(s)/diploma(s) received and date(s) awarded. Perceive a degree/diploma (Figh School Diploma, Associates, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Date awarded (Month/Year) Estimates Diploma Date awarded (Month/Year) Date awarded (Month/Year) Control of the degree/diploma Date awarded (Month/Year) Date awarded (Month/Year) Control of this person. I don't know I	Provide current address	for this person (including a	partment r	number). (Provide City an	d Country If outs	de the United States; o	otherwise, provide City, State and	Zip Co
elephone number	Street		City		State	, Zíp Code	Country	
elephone number		•	<u> </u>			}		
elephone number	Provide talenhone auch	an for this parage			Provide email	address for this pe	renn Flu	
Day Night No No No No No No No N	•	C-1) Tovide Gillar	i addicas for tills pe		on t kn
YES NO Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(s)/diploma(s) received and date(s) awarded. Provide type of degrees(diploma(s) received and date(s) awarded.	displicits fluitides				}			
Types [NO Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Degree/diploma Degree (e.g. MD, DVM, JD), Other) Estable (a.g. MD, DVM, JD), Other) Date awarded (Month/Year) Estable (A.g. MD, DVM, JD), Other)		Day	y Nigh	18	<u> </u>			
Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) High School Diploma Case a set to the second degree (e.g. MD, DVM, JD), Other) Date awarded (Montin/Year) Est to the second diploma (e.g. MD, DVM, JD), Other)	old you receive a degree	e/diploma?						
Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) High School Diploma Case a set to the second degree (e.g. MD, DVM, JD), Other) Date awarded (Montin/Year) Est to the second diploma (e.g. MD, DVM, JD), Other)	TYES TNO							
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) High School Diploma Date awarded (Montin/Year) Estimate the second degree (e.g. MD, DVM, JD), Other) Date awarded (Montin/Year) Estimate the second degree (e.g. MD, DVM, JD), Other)								
Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) High School Diploma		······					·	·
High School Diploma				's, Master's,	Other de	egree/diploma	Date awarded (Month/Year)	Es
	Joctorate, Professional	Degree (e.g. MD, DVM, JD)), Other)				22,0 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	High School Diplom	าล						
								بايا
		4						
	•						•	
		•						
				•				
	•							
 		•						
		•						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You W	ent to School - (Contin	ued)				,	
Entry #4							·
Provide the dates of atter	ndance.	,	Select the most approp	orlate code to	describe your school	•	
From Date (Month/Year)	To Date (Month/Year)	Present	 High School		☐ Vocational/Te	chnical/Trade School	
Est.		Est.	College/University	Military Colleg	e Corresponder	nce/Distance/Extension/Onli	ne Scho
Provide the name of the s	school.						
	•	•					
					ovide the address w	here the records are mainta	ined.
(Provide City and Country if or Street	utside the United States; other	erwise, provid City	le City, State and Zip Code.)	State	Zip Code	Country	
Circui]			Zip Code		
For schools you attended	In the last 3 years, list a	person wh	o knew you at the school	l (instructor, si	tudent, etc.). Do not	I list people for education per	iods
completed more than 3 ye	ears ago. For correspond	ience/dista	nce/extension/online sch	ools, list some	one who knew you	while you received this educ	ation.
I don't know Las	t name		First name			•	
Denvide was at address f	as this same a final ution	coadmont	numbos) (Omido Cibron	d Causin di autol	ide the United States of	nerwise, provide City, State and i	Zio Code I
Street	or mis person (including	City	number). (Provide Cily an	State	Zip Code	Country	cip Coas.)
	•				<u> </u>		
Provide telephone numbe	er for this person.		I don't knaw	Provide email	address for this per	son. I do	n't know
Telephone number	1		or DSN phone number				
	D:	y Nigl	ht				
Did you receive a degree/	/diploma?					•	
YES NO							
Provide type of degrees(_ ```````````````````````						
Degree/diploma (High Sc Doctorate, Professional D			r's, Master's,	Other de	egree/diploma	Date awarded (Month/Year)	Est.
	-3 (-3)						
							屵
<u> </u>						·	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities								
	List all of your employment activities, including un must be accounted for without breaks. If the emplo duty station. Do not list employment before your 1	syment activity	was military dul	ty, list separate em	ployn	nent activity ;	eriods to	oack 10 years. To o show each cha	he entire period nge of military
_	Entry #1								
	Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	(Cor 4.5 Sell 13A 1.1, Une	mplate 13A.2, 13A. -employment (C	omplete 13A.3, 13A.: nplete 13A.4)	•	em _l	oloymeni	i) (Complete 13A.2 le explanation and	
	13A.1 Complete the following if employment type	e is Active Dut	y, National Guar	d/Reserve, or USF	HS C	commissione	d Corps.		
Enter #4	Provide dates of employment. From Date (Month/Year) (Month/Year)		this position:	ployment status for	- 1 -	rovide your :)wner	ssigned	duty station duri	ng this period.
ú	09/2006		▼ Full-time □ Part-time		١.	rovide your r awyer	nost rece	ent rank/position	title.
	Provide address of duty station. (Provide City and Street 5740 Raiston St Ste 300	Country if outside City Ventura	the United States	; otherwise, provide C State Ca		Code	e.) Coun	try	
	Telephone number Extent (805) 654-0200 24	ension In X D		SN phone number					
	If you have indicated an APO/FPO address, cor (a) Provide physical location data with street ac if outside the United States; otherwise, provide Cli Street Address/Unit/Duty Location (b) Do you or did you have an APO/FPO addre	Idress, base, p ly, State and Zip City or Po	ost, embassy, u Code for ports in t st Name location?	init, and country loo the United States.) State	ation	or home por	t/fleet he	eadquarter, (Provi puntry I	de Cily and Country Zip Code
	☐ YES → Address ☐ NO Provide the name of your supervisor.	· · · · · · · · · · · · · · · · · · ·		APO or FPO Provide the rank/po	sition			State Code or.	Zih Code
	None Provide the email address of your supervisor.] I dan't know	Provide super	visor's telephone n	ımbe	r. Extension	I [] Int		N phone number
	Provide physical work location of your supervisor Street	r. (Provide City a	nd Country If outsi	de the United States; State		rise, provide Cit Code	y, State at Count		
	If you have indicated an APO/FPO address; proportifieet headquarter, (Provide physical location Street Address/Unit/Duty Localion	vide physical lo data) (Provide City or Post	City and Country if	n either street addr Foulside the United St State	ess, b eles; o Zip C	therwise, provi	nbassy, de City, St Count	ate and Zip Code.)	location or home
		•	•			·			
Ξn	ter your Social Security Number before g	oing to the r	ext page 🕳	·			→	069-6	8-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City City Ca State Zip Code Country 300.9 Provide telephone number Extension International or DSN phone number (805) 654-2201 Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter Information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) Est.	Provide dates of employment. Provide most recent position title. Deputy Public Defender	Provide dates of employment Provide most recent position title. Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Public Defender Depty Depty Defender Depty Depty Defender Depty Depty Defender Depty Depty Defender Depty Defen	Provide dates of employment To Date To Date (Month/Year) Present Present Present Provide most recent position title. Deputy Public Defender Deputy Public Defender Deputy Public Defender Provide the address of employer. (Provide City and Country if outside the United States; chrowise, provide City. State and 2 to Country State Deputy Public Defender Provide the address of employer. (Provide City and Country if outside the United States; chrowise, provide City. State and 2 to Country State Deputy Public Defender Provide International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Deputy Night Provide Additional Periods of Activity with this Employer. Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location for example, if you worked at XY Phumibigin In Denver, Co., during 3 separate periods of inne, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) To date (Month/Year) To date (Month/Year) Position Title Supervisor Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street State	ection 13A - En	nployment Acti	Villes - (COIII	mucu	<u>''</u>								
From Date (Month/Year)	From Date (Month/Year)	this position: Deputy Public Defender Depu	this position: To Date (Month/Year)	13A.2 Complete	e the following if	employment t	ype is	s other feder	al employmer	t, stat	e government,	fede	ral contracto	or, nan	-gavernment, or (other,
Month/Year Month/Year Present Full-time Provide the name of your employer. O3/2000 Est. O9/2006 Est. Part-time Provide the address of the Public Defender, Ventura CTY Provide the address of employer, (Provide City and Country if outside the United States, alternoise, provide City, State and Zip Code.) State Zip Code Country State Zip Code Country State Zip Code Country Odd telephone number Extension International or DSN phone number Extension Day Night Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, cluring 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	Month/Year)	Month/Year) Month/Year) Present Full-time Provide the name of your employer. O3/2006 Est. Part-time Provide the address of employer. Provide the address of employer. Provide City and Country tradside the United States; alterwise, provide City. Part and Zip Code. Street Zip Code Country Ca. 93.009 Country Ca. 93.009 Country Ca. 93.009 Country Ca. 93.009 Country Ca. 93.009 Country Ca. Ca. Country Ca. Ca. Country Ca. Ca. Country Ca. Country Ca. Ca. Country Ca. Ca. Country Ca. Ca	(Month/Year) (Month/Year) Present Full-time Provide the name of your employer. O3/2000 Est. O9/2006 Est. Part-time Office of the Public Defender, Ventura CTY		of employment.	To Dala					ment status for	- [•	
Provide the address of employer. (Provide City and Country) routside the United States; atherwise, provide City. Stree and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Extension Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on spore than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of lime, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods are employment as entries below). Not	Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City. State and Zip Code.) Street City State Country State Country City State Country City State City State City State City State City State City State City State City State City State City State City State City State City State City State Country City State Country City State Country City State Country City APO/FPO State Code Country City Code Co	Provide the address of employer. (Provide City and County if outside the United States; otherwise, provide City. State	Provide the addrass of employer. (Provide City and Country II outside the United States; atherwise, provide City. State City State City State City State City State City State City Provide belephone number Extension International or DSN phone number (805) 654-2201 Additional Periods of Activity with this Employer - Provide additional periods of activity If you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter Information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) First Est. Est. Est. Est. Est. Est. Est. State State No (If No, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State City State City State City State City State City State City State City State City State City State City State City State City Country City Country City Country Country I outside the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country I outside the United States, complete (b.2). Country International or DSN phone number Country International or DSN phone number Country International or DSN phone number Country International or DSN phone number Country International or DSN phone number City State Applicable City Ci				[Present	⊠ Full-time	:		L			·	
Street 800 S. Victoria Ave Ven tura ca 93009 Provide telephone number Extension International or DSN phone number (805) 654-2201 Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not From date (Month/Year) To date (Month/Year) Position Title Supervisor	Street City Ven tura	Street City State Zip Code Country Provide telephone number Extension International or DSN phone number (805) 654-2201 Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) To date (Month/Year) Position Title Supervisor Applicable Est	Street City Ven ture City State Zip Code Country Provide telephone number Extension International or DSN phone number (805) 654-2201	03/2000	Est.	09/2006	(Est.	` ☐ Part-time	3			Office of the	ne Pu	blic Defender	, Ventura CTY
Provide telephone number	Provide telephone number (805) 654-2201 Day Night	Provide telephone number (805) 654-2201 Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	Provide telephone number (805) 654-2201 Day Night	Street	, ,	ar. (Provide City		City	de (he United St	etes; ati	State	Zip	Code		ountry	
Rest	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	Rest	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, Co, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not			Extension			lional or DSN	ohone		100				
same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	same physical location (for example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). X Not	same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). X Not	(805) 654-27	201				_	,						•
Applicable	Applicable	Applicable	Applicable	same physic concerning the	al location (for e he most recent p	xample, if you	work	ed at XY Plu	umbing in Der	iver, C	O, during 3 se	parat	te periods of	flime,	you would enter i	nformation
Est. Est.	Est. Est.	[a] Is/was your physical work address different than your employer's address? [Test] Est] [St] [St] [A] Is/was your physical work address different than your employer's address? [Test] Est] [A] Is/was your physical work address different than your employer's address? [Test] Est] [A] Is/was your physical work address different than your employer's address? [Test] Est] [A] Is/was your physical work address different than your employer's address? [Test] Est] [A] Is/was your physical work address different than your employer's address? [Test] Est] [Test] [Test] Est] [Test	Est. Est.	X Not		nth/Year)		To date (M	onth/Year)		Po	ositio	n Title		Sup	ervisor
Est. Est. Est. Est	Est Est Est Est Est	Est Est Est Est Est	Est. Est. Est. Est	Applicable			Est.			Est.						
(a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b))	(a) Is/was your physical work address different than your employer's address? YES NO (if NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Outy Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code NO	(a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Outy Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code	(a) Is/was your physical work address different than your employer's address? YES NO (It NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code													
(a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Outy Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code Zip Code	(a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code NO	(a) Is/was your physical work address different than your employer's address?' YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code	(a) Is/was your physical work address different than your employer's address? YES NO (If NO, proceed to (b)) Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code													
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES APO or FPO APO/FPO State Code Zip Code	Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Zip Code	Provide the work address where you are/were physically located. (Frovide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES APO or FPO APO/FPO State Code Zip Code	Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES APO or FPO APO/FPO State Code Zip Code													
Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code	Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code	Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code	Street City State Zip Code Country Provide telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code		• •			in your empl	oyer's addres	s?`						
Day Night Day Night	Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code	Day Night Day Night Day Night Day Night Day Night Night Day	Day Night [b] If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City. State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code		work address w	hara vou stell										
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code NO	(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES APO or FPO APO/FPO State Code Zip Code	(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code	(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code NO					City			State	Zip	Code		•	State and Zip Code.)
(b.2) Do you or did you have an APO/FPO address while at this location? PES Address APO or FPO APO/FPO State Code Zip Code NO	(b.2) Do you or did you have an APO/FPO address while at this location? ☐ YES → Address APO or FPO APO/FPO State Code Zip Code ☑ NO	(b.2) Do you or did you have an APO/FPO address while at this location? PES Address APO or FPO APO/FPO State Code Zip Code NO	(b.2) Do you or did you have an APO/FPO address while at this location? ☐ YES → Address APO or FPO APO/FPO State Code Zip Code ☒ NO					City	[] Internation	nal or	State DSN phone no	Zip	Code		•	State and Zip Code.)
YES Address APO or FPO APO/FPO State Code Zip Code	YES Address APO or FPO APO/FPO State Code Zip Code X NO	☐ YES → Address APO or FPO APO/FPO State Code Zip Code ☑ NO	☐ YES → Address APO or FPO APO/FPO State Code Zip Code ☑ NO	Provide tele (b) If you have (b.1) Provide	ephone number indicated an AP de physical locati y if outside the Uni	O/FPO addre lon data with s led States; othe	ss, co	Extension mplete (b.1) address, ba provide City.	Internation Day Day If you have use, post, emb	nnal or Night Indicat	DSN phone noted an address unit, and country ports in the Unit	Umbe outs try located Street	Code er side of the U cation or hor lates.)	nited S	itates, complete (t/fleet headquarte	b.2).
				Provide tele (b) If you have (b.1) Provide	ephone number indicated an AP de physical locati y if outside the Uni	O/FPO addre lon data with s led States; othe	ss, co	Extension mplete (b.1) address, ba provide City.	Internation Day Day If you have use, post, emb	nnal or Night Indicat	DSN phone noted an address unit, and country ports in the Unit	Umbe outs try located Street	Code er side of the U cation or hor lates.)	nited S	itates, complete (t/fleet headquarte	b.2).
Provide the pame of your supervisor. Provide the position title of your supervisor.		TOVING THE THE STATE SUPERVISOR.	TOURING ON YOUR SUDERVISOR.	Provide tele (b) If you have (b.1) Provid Country Street (b.2) Do you	ephone number Indicated an AP the physical locati y if outside the Unit Address/Unit/On u or did you have	O/FPO addre- ion data with s led States; othe uty Location e an APO/FPO	ss, co street erwise,	Extension Implete (b.1) address, ba provide City. City or F	☐ Internation ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐	nnal or Night Indicat assy, ode for	DSN phone noted an address unit, and count ports in the Unit State	Umbe outs try located Street	code cride of the U cation or horales. lip Code	nited S	itates, complete (t/fleet headquarte Country	b.2). ar. (Provide City and
				Provide tele (b) If you have (b.1) Provid Countr Street (b.2) Do you	indicated an AP te physical locati y if outside the Unit Address/Unit/On u or did you have ES Ad	O/FPO addre on data with s led States; othe uty Location e an APO/FPO dress	ss, co street erwise,	Extension Implete (b.1) address, ba provide City. City or F	☐ Internation ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐	nnal or Night Indicat assy, code for APO	DSN phone noted an address unit, and count ports in the Unit State	Umbe couts try loc fed St	code ide of the U cation or horates.) Code	nited Sme por	states, complete (t/fleet headquarte Country O State Code	b.2). ar. (Provide City and
				Provide tele (b) If you have (b.1) Provid Countr Street (b.2) Do you	indicated an AP te physical locati y if outside the Unit Address/Unit/On u or did you have ES Ad	O/FPO addre on data with s led States; othe uty Location e an APO/FPO dress	ss, co street erwise,	Extension Implete (b.1) address, ba provide City. City or F	☐ Internation ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐	nnal or Night Indicat assy, code for APO	DSN phone noted an address unit, and count ports in the Unit State	Umbe couts try loc fed St	code ide of the U cation or horates.) Code	nited Sme por	states, complete (t/fleet headquarte Country O State Code	b.2). ar. (Provide City and
				Provide tele (b) If you have (b.1) Provid Countr Street (b.2) Do you	indicated an AP te physical locati y if outside the Unit Address/Unit/On u or did you have ES Ad	O/FPO addre on data with s led States; othe uty Location e an APO/FPO dress	ss, co street erwise,	Extension Implete (b.1) address, ba provide City. City or F	☐ Internation ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐	nnal or Night Indicat assy, code for APO	DSN phone noted an address unit, and count ports in the Unit State	Umbe outs try loc led St	code ide of the U cation or horates.) Code	nited Sme por	states, complete (t/fleet headquarte Country O State Code	b.2). ar. (Provide City and
				Provide tele (b) If you have (b.1) Provid Countr Street (b.2) Do you	indicated an AP te physical locati y if outside the Unit Address/Unit/On u or did you have ES Ad	O/FPO addre on data with s led States; othe uty Location e an APO/FPO dress	ss, co street erwise,	Extension Implete (b.1) address, ba provide City. City or F	☐ Internation ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐ ☐ Day ☐	nnal or Night Indicat assy, code for	DSN phone noted an address unit, and count ports in the Unit State	Umbe outs try loc led St	code ide of the U cation or horates.) Code	nited Sme por	states, complete (t/fleet headquarte Country O State Code	b.2). ar. (Provide City and

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

A.3 Complete the following if	employment type	is self-emplo	yment				
rovide dates of employment.			Select the employ this position:	ment status for	l	recent position title.	
rom Date Month/Year)	To Date (Month/Year)	X Present	'		Owner		
9/2006 Est.]	Est.	Part-time			ame of your employer.	
						s Of Jay Leiderma	in, PC
rovide address of this employr treet	nent. (Provide City i	ena Country if a City	uiside the United State		ie City, State and Z Zip Code	Country	
740 Raiston St Ste 300		Ventura			93003	1	
rovide telephone number.	Extension I		nal or DSN phone r	numper			
905) 654-0200	1165	⊠ Day 📗	.,		···		
a) is your physical work addres		our employm	ent aggress?				
YES X NO (If NO, prod							
Provide the work address w Street	here you are/were	e physically io City I	ocated. (Provide City a		de the United State Zip Code	s; atherwise, provide City, S Country	Stale and Zip Code.
		<u> </u>			······································		
Provide the telephone numb Telephone number	er for this addres Extension		ational or DSN phor	na rumhar			
terchinite linting(Futalision	interii	•	ie timinnet			
) If you have indicated an APO	O/FPO address o			ied an address o	uitside of the Lin	ited States complete I	h 21
(b.1) Provide physical location	on data with stree	t address, ba	se, post, embassy,	unit, and country	location or hon	ne port/fleet headquarte	ਰ,ਣ।. ਭਾ. (Provide City ar
Gountry if autside the Unit Street Address/Unit/Du			Stale and Zip Code fo. Post Name	r ports in the Unite State	d States.) Zlp Code	Country	
Office Modicasi Chiade	ny Ebbanon		OST MATTIC		Zip Code	Country	
(b.2) Do you or did you have	an APO/FPO ad	dress while a	t this location?		<u>.i</u>		
☐ YES → Ad	dress			or FPO	, AF	PO/FPO State Code	Zip Code
⊠ NO							
rovide the name of someone th	iat can verify you	r self-amplovi	nent.				
		· .					
		·	·				
		·					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)	
13A,4 Complete the following if employment type is unemployment.	
Provide dates of unemployment. Provide the name of someone that can verify your unemp	employment activities
and means of support. From Date (Manth/Year) To Date (Month/Year) Present Last name First name	
Est. Est.	·
Provide address of this verifier, (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)	
Street City State Zip Code Country	
Provide the telephone number for this person,	
Verifier telephone number Extension International or DSN phone number	
Day Night	
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).	
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)	irter, (Provide Gity and Country
Street Address/Unit/Duty Location City or Post Name State Zip Code Country	
(b) Does your unemployment verifier have an APO/FPO address? YES → Address APO/FPO State Code	Code Zip Code
□ NO □	
13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder	ederal emoloyment. State
Government, Federal Contractor, Non-government employment, Self-Employment, or Other.	occidi employmoni, occid
Provide the reason for leaving the employment activity.	
	·
For this employment have any of the following happened to you in the last seven (7) years? Fired, ouit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct.	ual agreement following
For this employment have any of the following happened to you in the last seven (7) years? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual anotice of unsatisfactory performance.	ual agreement following
the state of the s	ual agreement following
notice of unsatisfactory performance. TYES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date	
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired.	θd. (Manth/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired.	ed. (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. Quit after being told you would be Provide the reason for quitting. Provide the date you quit after be after the fired the fire	ed. (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. Quit after being told you would be fired. Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year)	ed. (Month/Year) Est. ir being tald yau would be Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Provide the charges or allegations of misconduct. Provide the date you left following for inconduct.	ed. (Month/Year) Est ir being tald yau would be Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired. Provide the charges of allegations of pisconduct. Provide the date you quit after be fired. (Month/Year)	ed. (Month/Year) Est. If being told you would be Est. Wing charges or allegations
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year)	ed. (Month/Year) Est. or being told you would be Est. wing charges or allegations Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Left by mutual agreement following Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agreement following	ed. (Manth/Year) Est. wing charges or allegations Est. utual agreement following formance. (Manth/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Provide the charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agreement following of misconduct. (Month/Year)	ed. (Manth/Year) Est. T being told you would be Est. Wing charges or allegations Est. Intual agreement following
notice of unsatisfactory performance. YES NO (II NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Left by mutual agreement following notice of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder	ed. (Month/Year) Est. Theing told you would be Est. Wing charges or allegations Est. Inutual agreement following formance. (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (If the date you were fired.) Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Left by mutual agreement following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Some fired of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Some fired of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Provide the date you left by mutual an notice of unsatisfactory performance. Provide the date you left by mutual and fired you left	ed. (Month/Year) Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est.
notice of unsatisfactory performance. YES NO (If No. proceed to 13A.6) Select your type of incident: Reason: Provide the reason for being fired. Provide the date you were fired. Out after being told you would be fired Provide the charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left following of misconduct. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or discipling the workplace, such as a violation of security policy?	ed. (Month/Year) Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date	ed. (Month/Year) Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Provide the reason for being fired. Provide the date you were fired. (Provide the date you quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after being told you would be fired Provide the charges or allegations of misconduct. Provide the charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for unsatisfactory performance. Provide the date you left following a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, In the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or discipled the workplace, such as a violation of security policy? YES NO	ed. (Month/Year) Est. wing charges or allegations Est. nutual agreement following ormance, (Month/Year) ederal employment, State disciplined for misconduct le: (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date	ed. (Month/Year) Est. wing charges or allegations Est. nutual agreement following ormance, (Month/Year) ederal employment, State disciplined for misconduct le: (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (If the date you were fired. (If the date you were fired. (If the date you quit after being fired.) Quit after being told you would be fired. Provide the reason for quilting. Provide the date you quit after be fired. (Month/Year) Provide the charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for unsatisfactory performance. Provide the date you left following notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left following of misconduct. (Month/Year) 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder of this employment, for Other. To this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined. Date: (Month/Year)	ed. (Month/Year) Est. In being told you would be Est. In wing charges or allegations Est. Initial agreement following formance. (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year)
notice of unsatisfactory performance. YES NO (It NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct. Left by mutual agreement following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined. Date: (in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (in the workplace) for being warned, reprimanded or disciplined. Date: (in the workplace) for being warned, reprimanded or disciplined. Date: (in the workplace) for being warned, reprimanded or disciplined.	ed. (Month/Year) Est. In being told you would be Est. In wing charges or allegations User Instituted agreement following formance. (Month/Year) Est. Indicated for misconduct Ite: (Month/Year) Est. Ite: (Month/Year) Est.
notice of unsatisfactory performance. YES NO (it NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct. Left by mutual agreement following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disc in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (in the graph of incident in the date you up the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the reason(s) for misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the date you left following of misconduct. (Month/Year) Provide the date you left following if employment, suspended or disciplined. Date: (in the workplace) and the provide the reason (so for being warned, reprimanded, suspended or disciplined. Date: (in the date you left following if employment, year and year and year and year and year and year and year and year and year and year and ye	ed. (Month/Year) Est. In being told you would be Est. Wing charges or allegations Est. Industrial agreement following formance. (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. Cult after being told you would be fired Provide the reason for quitting. Provide the date you quit after being fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following of misconduct. (Month/Year) Left by mutual agreement following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disc in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#43 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#44 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#45 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#46 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#47 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#48 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	ed. (Month/Year) Est. In being told you would be Est. In wing charges or allegations Est. Inutual agreement following formance. (Month/Year) Est. Ideciplined for misconduct Ide: (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est.
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disc in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#43 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#44 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#45 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#46 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#47 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (#48 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	ed. (Month/Year) Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. In being told you would be Est. Ite: (Month/Year) Est. Ite: (Month/Year) Est. Ite: (Month/Year)
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Incident departure) Quit after being told you would be fired. Provide the reason for quitting. Provide the date you quit after be fired. (Month/Year) Left by mutual agraement following charges or allegations of misconduct. Provide the date you left following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agraement following notice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual a notice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left by mutual anotice of unsatisfactory performance. Provide the date you left following of misconduct. (Month/Year) 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Feder Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended or disciplined. Date: (4) Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (7) Provide the reason(s) for being warned, reprim	ed. (Month/Year) Est. In being told you would be Est. In being told you would be Est. In being charges or allegations Est. Indutual agreement following formance. (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est. Ide: (Month/Year) Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5	Section 13A - Employment Activities									
E	Entry #2									
	Select your employment activity: Active military duty station (Comp. 13A.5 and 13A.6) National Guard/Reserve (Comple. and 13A.6) USPHS Commissioned Corps (C. 13A.5 and 13A.6) Other Federal employment (Com. 13A.5 and 13A.6)	te 13A.1, 13A. Complete 13A.	(Con. 5 Self 13A. 1, Une	te Governmen nplete 13A.2, 13 -employment 6) employment (C eral Contracto 5 and 13A.6)	3A.5 and 1: (Complete Complete 1:	1A.6) 13A.3, 13A.5 3A.4j		employm Other (Pr		nent (excluding self- A.2, 13A.5 and 13A.6) nd complete 13A.2,
Ī	13A.1 Complete the following if emple	oyment type	Is Active Duty	y, National Gu	ard/Rese	rve, or USP	IS Commiss	ioned Cor	ps.	
Entry #2	Provide dates of employment. From Date To I (Month/Year) (Mor	Date nth/Year)	Present	Select the enthis position: Full-time Part-time		nt status for			ned duty station d	
	Provide address of duty station. (Prov Street	ride City and C	country if outside	the United Stal			y, State and Zij ZIp Code		ountry	
	Telephone number	Exte	· <u></u>	ternational or	DSN pho	ne number				
	If you have indicated an APO/FPO a (a) Provide physical location data w if outside the United States; otherwis Street Address/Unit/Duty Location	th street add a, provide City in	iress, base, p , State and Zip City or Po	ost, embassy Code for ports i st Name	, unit, and	country loca				rovide City and Country
	(b) Do you or did you have an APO/ YES Address NO Provide the name of your supervisor.		s while at this	location ?	APO or		illion title of y		O State Code	Zip Coda
	Provide the email address of your su		11 1-0 (Provide supe						CN -t
			· 						Day Night	OSN phone number
	Provide physical work location of you Street	r supervisor	. (Provide City a City	and Country if ou	tside the U Sta		therwise, provi Zip Code		te and Zip Code.) ountry	
	If you have indicated an APO/FPO at port/fleet headquarter. (Provide physi Street Address/Unit/Duty Location			Cily and Country		the United Stat		provide City		
								•		
Ente	er your Social Security Number	before go	ing to the n	ext page					, 069	1-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Em	plovment Acti	vities - (Cont	inue									
		<u> </u>				h = h=6=						
13A.2 Complete		employment t	ype i	s other reder								er.
Provide dates of From Date	employment.	To Dale			this position		nent status for	Provide	a most re	cent po	osition title.	
(Month/Year)		(Month/Year)		Present	Full-time			Provide	the nam	e of yo	our employer.	
	Est.			Est.	Part-time	3		_				
Provide the add Street	ress of employ	er. (Provide City	and C	Country if outside City	de the United St			ily, Slate an Zip Code	d Zip Cade	Coun	try	
Provide telephor	ne number	Extension	<u></u> 	internal	tional or DSN	phone	number			<u></u>	I ,	
same physica	l location (for e e most recent ;	example, if you	work	- Provide ad	iditional perlo	ver, Co	D, during 3 sep	arate peri	ods of tim	e, you	more than one o would enter info revious periods o	rmation
Not	From date (Mo	onth/Year)		To date (M	onth/Year)		Pos	ition Title		1	Superv	risor
Applicable			Est.	<u> </u>		Est.					-, <u>-</u> -,-	
•			Est.			Est.					· · · · · · · · · · · · · · · · · · ·	
			Est.			Est.						
			Est,			Est,						
Street		·		City			State	Zip Code		Coun	try	
	hone number			Extension	Day Day	Night	DSN phone nu					
(b.1) Provide Country		ion data with sited States; other	street	address, ba provide Cily,	se, post, emb	assy, u	nit, and country	y location	or home	port/fle	es, complete (b.) et headquarter. untry	
	or did you hav	e an APO/FP0 idress	O ado	iress while a	t this location		or FPO	<u> </u>	, APO	FPO S	State Code	Zip Code
NO		 										<u> </u>
Provide the name						Provid	le the position	title of you	ır supervi	sor.		
rovide the emal							telephone nur		tension		· — -	N phone nu
rovide physical treet	work location o	of your superv		Provide City at City	nd Country if ou			herwise, pro Zip Code	ovide Gity,	State ar Count		
if outside the U Street Addres	ical location da nited States; oth ss/Unit/Outy Lo	ala with street envise, provide ocation	addre City, S	ess, base, po State and Zip C City or Pos	ost, embassy, Code for ports in it Name	unit, ar the Uni	id country loca		me port/fl	eet he	mplete (b). adquarler. (<i>Provi</i> u untry	de City and C
o) Did/does you YES — NO		ave an APO/Fi	PO ac	doress while	at this locatio		or FPO		APO/	FPO S	tate Code	Zip Code
	>	where before	, and	ng to the n	avt bana					·	069-6	3-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 13A - Emplo	ment Activ	ities - (Continue	ad)							
13A.3 Complete the	following if	employment type	is self-emplo	yment						
Provide dates of en	ployment.			Select the em	ployme	nt status for	Provide	most rec	ant position title.	
From Date (Month/Year)		To Date (Month/Year)	[cz] there are	this position:			Owner			
09/2006 r	~7 r~_ \		X Present	X Full-time			ì		of your employed	
	Est.		Est.	Part-time					f Jay Leiderma	an PC
Provide address of Street	inis employi	nent, (Provide City	and Country it o	utsida the United		inerwise, provi itate	ide City, State Zip Code		oge.) Country	
5740 Raiston S	ste 300		Ventura		c	a	93003		·	
Provide telephane r	umber.	Extension .	·internatio	nal or DSN pho	one nun	nber			***************************************	
(805) 654-0200			X Day ☐	Night						
(a) Is your physical	work addres	ss different than y	our employm	ent address?						
YES X N	O (If NO. prot	eed to (b))								
Provide the work	caddress w	here you are/wer	e physically ic City	cated. (Provide	City and	Country if outs	ilde the United Zip Code		herwise, provide City. Country	, State and Zip Co
Jiresi)			Glate	Zip Code	1	Country	
Provide the tele	dmun enode	er for this addres	<u> </u>				<u> </u>			
Telephone num	oer	Extension	Interna	ational or DSN	phone i	number				
			☐ Day	Night						
(b) If you have Indic										
		on data with stree led States; otherwise						r nome p	orvneet neadquar	ter. (Provide Gity
Street Add	ress/Unit/Du	ity Location	City or F	ost Name		State	Zip Code		Country	
				 					t	
(b.2) Do you or i		e an APO/FPO ad dress	dress while a		APO or	-FPO		APO/F	PO State Code	Zip Code
X NO										}
Provide the name of	someone th			nent.			· 		······································	
Last name Bezjian		First n								
	af this yauti			-14-46-14-3170			City City	-17/- 61	- 1	
Provide the address Street	or uns verm	et. (Provide City and	City	ilaa me United Sii	ales; Dini	State	Zip Code		e.) Sauntry	
5740 Raiston St	ste 300		VEntura	,	1	ca	93003		•	
Provide the telephor	e number fo	•					<u> </u>			
Telephone number (805) 654-0200		Extension		nal or DSN pho	ne num	nber				
· · ·		<u> </u>	X Day ☐							
If you have indicated (a) Provide physical										Provide City and (
if outside the Unite	d Stales; othe	erwise, provide City,	State and Zip (Code for ports in l		d States.)		·	,	
Street Address/L	Init/Duty Lo	cation	City or Pos	st Name	1	State	Zip Code	[Country	
(b) Does your self-e	moloyment	verifier have an A	PO/EBO add	rect) '						
YES -	Address	vermer have an A	W Off I O Boo		APO or	FPQ		, APO/F	PO State Code	, Zip Cade
⊠ NO	<u> </u>									
						•				
			• ,							
			•							
									1,	59-68-8543
r your Social Sec	urity Num	iber before go	ing to the n	ext page 👅					1 00	19-00-0343

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

,	Section 13A - Employment Activities - (C	Continuedj							
L	13A.4 Complete the following if employm	ent type is unemploy	ment.						
	Provide dates of unemployment.						can verify yo	ur unamployment :	activities
Entry #2	From Date (Month/Year) T	o Date (Month/Year)	☐ Present	Last na	ans of supp me	ωπ.	First n	ame	
	Provide address of this verifier. (Provide C	illy and Country if outsid	e the United Stat	es; olherw	ise, provide C	ity, State and Zip	Code.)		
	Street	City	•		State	Zip Code	Gountr	y	
	Provide the telephone number for this per Verifier telephone number Extension	son. International or C Day Night	OSN phone nu	mber			ı		
	If you have Indicated an APO/FPO addre (a) Provide physical location data with s if outside the United States; otherwise, po Street Address/Unit/Duty Location	treet address, base, ovide City, State and Zi	post, embassy	y, unit, ar	d country lo			adquarter. (Provide (City and Countr
	(b) Does your unemployment verifier ha YES Address NO	ve an APO/FPO add	ress?	APO (or FPO		APO/FPO S	tate Code Z	lip Code
	13A.5 Complete the following if employed Government, Federal Contractor, Provide the reason for leaving the employed	Non-government em					ned Corps, Ot	her Federal employ	ment, State
Entry #2	For this employment have any of the folk	owing happened to v	ou in the last	seven (7	1) vears?				
ï	Fired, quit after being told you would be notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6,	fired, left by mutual a				gations of misc	ondu c t, left by	/ mutual agreemen	t fallowing
	Select your type of incident:	Reason:				Employme	int departure o	fate	
		Provide the reason	n for being fire	d,				re fired, (Month/Yea	r)
1	Fired								☐ Est.
	Quit after being told you would be fired	Provide the reason	n for quitting.			Provide the fired, (Man.		it after being told yo	
1		Provide the charge	es or allegation	ns of mis	conduct.	Provide the	e date vou lef	following charges	or allegations
	 Left by mutual agreement following charges or allegations of misconduct 	=					luct. (Month/Ye		
-	**************************************	<u> </u>							Est.
	 Left by mutual agreement following notice of unsatisfactory performance 	Provide the reason	n(s) for unsatis	itaciory p	enormance			by mutual agreem y performance, (Mo	
	13A.6 Complete the following if employm Government, Federal Contractor,						ed Carps, Oti	ner Federal employ	ment, State
2	For this employment, in the last seven (in the workplace, such as a violation of se	7) years have you re					led, suspende	nd, or disciplined fo	r misconduct
F	YES NO								
	#1 Provide the reason(s) for being warne	id, reprimanded, sus	pended or als	ciplined.				Date: (Month/Year	Est.
	#2 Provide the reason(s) for being warne	d, reprimanded, sus	pended or dis	ciplined.				Date: (Month/Year	r) Est.
	#3 Provide the reason(s) for being warne	d, reprimanded, sus	pended or dis	ciplined.			·	Date: (Month/Year	r) Est.
	#4 Provide the reason(s) for being warne	d, reprimanded, sus	pended or dis	ciplined.	30			Date: (Month/Year	r) Est.
L n	ter your Social Security Number be	ore going to the	next page				 > [069-68-8	543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Act	ivities								
Entry #3	· · · · · · · · · · · · · · · · · · ·							·	
Select your employment activi Active military duty station 13A.5 and 13A.6) National Guard/Reserve (Cand 13A.5) USPHS Commissioned Cand 13A.5 and 13A.6) Other Federal employmen	(Complete 13A.1, Complete 13A.1, 13A. orps (Complete 13A.	(Con. 5 Self 13A. 1, Une	employment (Ceral Contracto	3A.5 and 13. (Complete 1 Complete 13.	A.6) 13A.3, 13A.5 & A.4)	en Ot	ployment) (C	t employment omplete 13A.2, planation and co	3A.5 and 13
13A.5 and 13A.6)		13A.	5 and 13A.6)						
13A.1 Complete the following it	f employment type	is Active Duty	y, National Gu	ıard/Reser	ve, or USPH	S Commission	ed Corps.		
Provide dates of employment.			Select the e		t status for	Provide your	assigned duty	station during	this period
From Date	To Date	. j	this position	:					
(Month/Year)	(Month/Year)	Present	Full-time			Provide your	most recent r	ank/position tit	la.
Provide address of duty station	1. (Provide City and C	Country if outside	the United Star	les: otherwis	e. provide Citv	Stale and Zin Co	de.)	· · · · · · · · · · · · · · · · · · ·	
Street	,, , , , , , , , , , , , , , , , , , ,	City		Sta	-	Zip Code	Country		
Telephone number	Exter	nsion Ini	ternational or	DSN phon	e number				
Street Address/Unit/Duty L (b) Do you or did you have an Address Address	APO/FPO address	City or Po		APO or I	State FPO	Zip Code	Counti		Zip Cade
Provide the name of your supe] I dan't know	Provide sup	ļ		htion title of you		stional or DSN	phone nu
Provide physical work location	of your supervisor.	. (Provide City a	and Country if ou	itside the Un	ited Stales; oti	herwise, provide C		p Cade.)	
Street		City		Stat	te Z	Zip Code	Country		
If you have indicated an APO/F port/fleet headquarter. (Provide Street Address/Unit/Duty Locat	physical location	data) (Provide	City and Country	y if outside ti	he United State		ide City, State a		cation or t
						·		·	
		•							
					. •	•			
	mber before go						, '	069-68-	8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 13/	A - Em	ployment Acti	vities - (Cont	inue	d)								
13A.2 Co	mplete	the following if	employment i	type (s other feder	al employmen	t, state	government, fe	ederal contri	actor, no	on-gove	ernment, or o	iher.
Provide d		employment.	To Date			Select the er this position:		ent status for	Provide n	nost rece	ent pos	ition title.	
(Month/Yea	ar)		(Month/Year)		Present	Full-time			Provide ti	ne name	of you	r employer.	
		Est.			Est.	Part-time	3	•,					
	he addr	ess of employe	er. (Provide City	and (•	de the United Sta		erwise, provide Ci	•				
Street				1	City		ľ	State :	Zip Code	.	Country		
Provide to	elephor	ne number	Extension	1	☐ Internat	tional or DSN	phone	number					
same p	ohysica ming the	l location (for e e most recent p	xample, if you	i wan	ked at XY Plu	umbing in Den	ver, Co), during 3 sepa	arate period	s of time	e, you w	vould enter ir	occasion at the formation of employment
☐ Not		From date (Mo	onth/Year)		To date (M	onth/Year)		Pos	ition Title		T	Supe	rvisor
Appli	cable			Est.			Est.						
	ļ			Est.			Est.						
				Est.	ļ <u>-</u>		Est.			· · · · · · · · · · · · · · · · · · ·	ļ		· · · · · · · · · · · · · · · · · · ·
				Est.	<u> </u>		Est.				<u> </u>		
(a) Is/was		hysical work a	iddress differe , proceed to (b);		an your empl	oyer's address	\$?						
	je tne v	vork address w	ihere you arei	were	physically io	icated, (Provide	City and	d Country if outsid	a the United S	ilates: ott	ierwise.	provide City. Si	ale and Zip Code.)
Street					City				ip Code		Country		
Provid	i ie telep	hone number			Extension	Internatio	nal or I	State 2	ip Code		Country		
Provid (b) If you (b.1) F	le telep have in	ndicated an AP	PO/FPO addre lion data with : ited States; othe	ess, co	Extension omplete (b.1) address, ba provide City.	Internation Day Day If you have ise, post, emb	nal or Night	State 2	tip Code mber ulside of the	e United	Country States	s, complete (t t headquarte	0.2).
Provid (b) if you (b.1) f	have in Provide Country Street A	ndicated an AP physical local if outside the Un. Address/Unit/D	PO/FPO addre PO/FPO addre Vited States; othe Vity Location	ess, co streel erwise	Extension omplete (b.1) address, ba provide City or F	Internation Day Day If you have It se, post, emb. State and Zip C Post Name	nal or Night Indicate assy, u	OSN phone nur od an address on it, and country oods in the Unite	mber nutside of the tocation or d States.)	e United	Country States	s, complete (t t headquarte	
Provid (b) if you (b.1) f	have in Provide Country Street A	indicated an AP physical locat if outside the Unit Address/Unit/D or did you hav s	PO/FPO addre PO/FPO addre Vited States; othe Vity Location	ess, co streel erwise	Extension omplete (b.1) address, ba provide City or F	Internation Day Day If you have It se, post, emb. State and Zip C Post Name	nnal or Night Indicate assy, u	OSN phone nur od an address on it, and country oods in the Unite	mber nutside of the tocation or d States.)	e United home p	Country States cort/flee	s, complete (t t headquarte	0.2).
Provid (b) If you (b.1) f (b.2) I	have in Provide Country Street A	indicated an AP physical locat if outside the Unit Address/Unit/D or did you hav s	PO/FPO addre tion data with a lifed States; othe outy Location re an APO/FP ddress	ess, co streel erwise	Extension omplete (b.1) address, ba provide City or F	Internation Day Day If you have It se, post, emb. State and Zip C Post Name	nnal or Night ndicate assy, u ode for APO	OSN phone nur od an address on it, and country ords in the Unite State	the Code mber utside of the tocation or distates.) Zip Code	e United home p	I States ort/flee Coul	s, complete (t t headquarte ntry	o.2]. r. (Provide City and
Provide the	have in Provide Country Street A Do you YE. NO se name	ndicated an AP physical locat if outside the Unit Address/Unit/D or did you hav S of your super address of yo	PO/FPO addretion data with sited States; other outy Location re an APO/FP ddress visor.	ss, co street ewise	Extension Extension Emplete (b.1) amplete (b.1) address, ba provide City City or F dress while a	Internation Day Day Day Diffyou have it se, post, emb State and Zip C Post Name It this location?	nal or Night nidicate assy, under for APO	OSN phone nur ad an address of nit, and country ports in the Unite State or FPO te the position to telephone nur	tip Code nber utside of the tocation or distates.) Zip Code itle of your sider. Exter	e United home p APO/F	I States Country FPO States or. , Inter	s, complete (t t headquarte ntry ate Code national or D	o.2]. r. (Provide City and
Provide the	have in Provide Country Street A Do you YE. NO se name	ndicated an AP physical locat if outside the Unit Address/Unit/D or did you hav S of your super address of yo	PO/FPO addretion data with sited States; other outy Location re an APO/FP ddress visor.	ss, co street ewise	Extension Extension Emplete (b.1) amplete (b.1) address, ba provide City City or F dress while a	Internation Day Day Day Diffyou have it se, post, emb State and Zip C Post Name It this location?	nnal or Night nndicate assy, Under for Provider for side the	OSN phone nur ed an address o nit, and country ports in the Unite State or FPO the the position to telephone nur United States; off	tip Code nber utside of the tocation or distates.) Zip Code itle of your sider. Exter	APO/F	I States Country FPO States or. , Inter	s, complete (to the adquarte ntry ate Code national or D	z.2). . (Provide City and Zip Code
Provide the Provide ph Street If you have (a) Provide the Street	have in Provide Country Street A NO you NO NO NO NO NO NO NO NO NO NO NO NO NO	indicated an AP physical locatif outside the Unit/D or did you have a of your super address of your super addr	PO/FPO addresion data with sited States; other uty Location re an APO/FP ddress resort. The supervisor. The supervisor. The supervisor supervisor supervisor supervisor supervisor. The supervisor	o addresses of add	Extension Extension City or F don't know City or K dress while a don't know (Provide City ac City or Side and Zip C City or Pos	Internation Day Day If you have ise, post, emb. State and Zip C Post Name If this location Provide super Ind Country if out out have indicated out, embassy, Code for ports in st Name	Night ndicate assy, under for APO Provider for side the side the side the unit, are the Unit	State DSN phone nur ad an address of the unity ports in the Unite State or FPO The the position to the united States; of the position to the united States; of the the position to the united State address outside addres	nber utside of the tocation or d States.) Zip Code itle of your states. nerwise, provide Code	APO/F APO/F Supervis	States ort/flee Coul FPO States or. , Inter Day Rate and Country	is, complete (b), complete (b), complete (b), complete (b), complete (Pro	Zip Code
Provide the Provide the Street If you have (a) Provide the Street.	have in Provide Country Street A Do you YE. NO He name e email hysical he indicate physical he by Address your	indicated an AP physical locatif outside the United States of your super address of your super address of your super stated an APO/Fit cal location dainted States; other supervisor has a supervisor has a physical location dainted States; other supervisor has a physical location of the states of your supervisor has a supervisor has a physical location dainted States; other supervisor has a physical location dainted States; other supervisor has a physical location of the supervisor has a physical location of the physical location dainted States; other supervisor has a physical location of the physical location of th	PO/FPO addresion data with sited States; other uty Location re an APO/FP ddress resort. The supervisor. The supervisor. The supervisor supervisor supervisor supervisor supervisor. The supervisor	o addresses of add	Extension Extension City or F don't know City or K dress while a don't know (Provide City ac City or Side and Zip C City or Pos	Internation Day Day If you have ise, post, emb. State and Zip C Post Name If this location Provide super Ind Country if out out have indicated out, embassy, Code for ports in st Name	Provide the unit, ar the Unit	State DSN phone nur ad an address on, it, and country books in the Unite State or FPO Te the position to telephone num United States; off State address outside id country local ted States.	nber utside of the todal of the todal of the United todal of the U	APO/F Supervis and City, S and State a part/fie	States cont/flee Court FPO States or. , Inter Day State and Country es, compet head	is, complete (b), complete (b), complete (b), complete (b), complete (Pro	z.2). . (Provide City and Zip Code
Provide the Provide the Street If you have (a) Provide (b) Did/do The Provide the Street (c) Provide (c) Provide (c) Provide (c) Provide (d) Provide	have in Provide Country Street A Do you YE. NO He name e email hysical he indices your Street Address your Street A ddress your Street A ddress your Street A Street A ddress your Street A Stre	indicated an AP physical locatif outside the United States of your super address of your super address of your super stated an APO/Fit cal location dainted States; other supervisor has a supervisor has a physical location dainted States; other supervisor has a physical location of the states of your supervisor has a supervisor has a physical location dainted States; other supervisor has a physical location dainted States; other supervisor has a physical location of the supervisor has a physical location of the physical location dainted States; other supervisor has a physical location of the physical location of th	PO/FPO addresion data with sited States; other uty Location re an APO/FP ddress resort. The supervisor. The supervisor. The supervisor supervisor supervisor supervisor supervisor. The supervisor	o addresses of add	Extension Extension City or F don't know City or K dress while a don't know (Provide City ac City or Side and Zip C City or Pos	Internation Day Day If you have ise, post, emb. State and Zip C Post Name If this location Provide super Ind Country if out out have indicated out, embassy, Code for ports in st Name	Provide the unit, ar the Unit	State DSN phone nur ad an address on it, and country corts in the Unite State or FPO te the position to telephone nur United States; off State address outside address outside ad country local ted States. State	nber utside of the todal of the todal of the United todal of the U	APO/F Supervis and City, S and State a part/fie	States cont/flee Court FPO States or. , Inter Day State and Country es, compet head	is, complete (b), intry ate Code mational or D Night Zip Code.)	Zip Code SN phone number

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Empi	oyment Acti	vities - (Continue	id)				·			
	13A.3 Complete th	e following if	employment type	is self-emplo	yment						
Entry #3	Provide dates of e From Date (Month/Year)	mployment.	To Date (Month/Year)		Select the en this position:	nployme	int status for	Provide m Owner	ost red	cent position title.	
6	09/2006		(Muniniz rear)	X Present				J		e of your employer.	
٦		Est.		Est.	Part-time					of Jay Leiderma	n PC
	Provide address o Street	f this employ	ment. (Provide Cily i	and Country if o	utside the United		itherwise, provi Itale	ide City, State a Zip Code	nd Zip C	Country	
	5740 Ralston 8	St ste 300	,	Ventura		c	a	93003	ļ	•	•
	Provide telephone		Extension		nal or DSN ph	one nur	nber				
1	(805) 654-0200			☑ Day ☐							
	(a) Is your physica		· · · · · · · · · · · · · · · · · · ·	our emplaym	ent address?						
				nhysically lo	cated (Provide	Cilv and	Country if outs	ide the United S	tates: n	therwise, provide City.	State and Zin Code I
	Street	THE COULDS A		City		City Ente	State	Zip Code	10103, 0	Country	Sidle Bill Lift GODGLY
	Provide the tele Telephone num	•	ber for this address Extension		ational or DSN	phone	unuiper	L			
	(b.1) Provide p Country if	hysical locat	ion data with stree ited States; otherwise	complete (b.1 at address, ba a, provide City,). If you have lose, post, emba	assv. un	lt, and count	ry location or		d States, complete port/fleet headquart Country	
	(b.2) Do you of YES NO		e an APO/FPO ad Idress	dress while a	t this location?	APO o	FPO		APO/	FPO State Code	Zip Code
	Provide the name of Last name	of someone t	hat can verify you First n		me nt.						
	Provide the addres	s of this veri	îer. (Provide City and		side the United St	tates; oth			Zip Cod		
	Street		1	City			State	Zip Code	1	Country	
	Provide the telepho Telephone number		or this person. Extension	Internation	nal or DSN pho Night	one nun	nber		[
		al location da ted States; oth	ita with street addi erwise, provide City,	ress, base, po	ost, embassy, i Code for ports in	unit, ani	d country located States.)				rovide Cily and Country
	(b) Does your self- YES	employment Address	verifier have an A	.PO/FPO add	ress?	APO o	FPO	. !	APO/	FPO State Code	Zip Code
							•				
				•						, ·	
∄nt∈	er your Social Se	curity Nun	nber before gol	ing to the n	ext page _			/	>	, 06	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

						
5	Section 13A - Employment Activities - (G	Continued)				
Ĩ	13A.4 Complete the following if employm	ent type is unemployment.				
£	Provide dates of unemployment.	o Date (Marih Mari	and means of supp		verify your unemployment a	ctivities
Entry #3	☐ Est.	o Date (Month/Year) Present Est.	Last name			
7	Provide address of this verifier. (Provide C Street	City and Country if outside the United Sta City	tes; otherwise, provide C State	ity, State and Zip Code Zip Code	i.) Country	
- [20,661	l City	diate	Zip Gode	Country	
1	S. H. W. L. L. L. L. L. L. L. L. L. L. L. L. L.					
	Provide the telephone number for this per Verifier telephone number Extension	International or DSN phone nu Day Night				·
	If you have indicated an APO/FPO addre (a) Provide physical location data with s if outside the United States; otherwise, pro	treet address, base, post, embass	y, unit, and country is			City and Gountry
	Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
	(b) Does your unemployment verifier ha	ve an APO/FPO address?	APO or FPO	AP	O/FPO State Code Z	ip Code
	13A.5 Complete the following if employs	nent type is Active Duty, National (Non-government employment, Se			Corps, Other Federal employ	ment, State
#3	Provide the reason for leaving the emplo				· · · · · · · · · · · · · · · · · · ·	
Entry #3	For this employment have any of the foli- Fired, quit after being told you would be notice of unsatisfactory performance.	fired, left by mutual agreement folk		egations of miscond	uct, left by mutual agreement	following
1	YES NO (If NO, proceed to 13A.6)					
1	Select your type of incident:	Reason:		Employment d		
	Fired	Provide the reason for being fire	ed.	Provide the da	te you were fired. (Month/Year	
		<u> </u>				Est.
	Quit after being told you would be	Provide the reason for quitting.		Provide the da	te you quit after being told yo	u would be
	fired	1		inda, jinbilin ta	41/	Est.
	Left by mutual agreement following	Provide the charges or allegation	ns of misconduct.	Provide the da	te you left following charges of	or allegations
	charges or allegations of misconduct			of misconduct.	(Month/Year)	
1						Est.
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatis	sfactory performance		te you left by mutual agreeme atisfactory performance. (Mor	ith/Year)
	3A.6 Complete the following if employm	and himself Andrea Durk Malian 1 C	LICOL	16.6		Est.
L	Government, Federal Contractor, 1	Non-government employment, Sel	f-Employment, or Oth	ner.		
	For this employment, in the last seven (: in the workplace, such as a violation of se		en warning, been offi	cially reprimanded,	suspended, or disciplined for	misconduct
Į.	#1 Provide the reason(s) for being warns	id contimunded suggested as dis-	ciolinad		Data: ##=# ##	
			·		Date: (Month/Year)	Est.
	#2 Provide the reason(s) for being warne				Date: (Month/Year,	Est.
	#3 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	ciplined.		Date: (Month/Year)	Est.
	#4 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	ciplined.		Date: (Month/Year)) Est.
ц nte	er your Social Security Number bet	ore going to the next page			069-68-85	43
	•	• •			•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment	Activities								
Entry #4									
and 13A.6)	ation (Complete 13A.1, ve (Complete 13A.1, 13A ed Corps (Complete 13A.	(Cor 1.5 Self 13A .1, Une	mplete 13A.2, 13/ f-employment (1 .6) employment (Co	Complete 13A.3, 13A.		_ employment) (Con	employment (excluding : aplete 13A.2, 13A.5 and 13. anation and complete 13A.		
					ni (a a				
3A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps. Provide dates of employment. Select the employment status for Provide your assigned duty station during this period.									
From Date		this position:	ipicyment status to	i i i i i i i i i i i i i i i i i i i	Provide your most recent rank/position title.				
(Month/Year)	h/Year) (Monih/Year)		Full-time						Provide
Provide address of duty s		Est.			City. Stale and Z	Zip Code.)			
Street		City		State	Zip Code	Country			
Telephone number	Exte		ternational or C	SN phone number					
(b) Da you or did you have YES Add NO Provide the name of your	ress	s while at this	location?	APO or FPO Provide the rank/p	osition title of	APO/FPO State (Code Zip Code		
Provide the email address	of your supervisor.] I don't know	Provide supe	rvisor's telephone r	number. Exte	ension Internati	ional or DSN phone num		
Provide physical work loca Street	tion of your supervisor	r. (Provide City a	and Country If out	side the United Stales; State	olherwise, prov Zip Code	vide City, State and Zip Country	Code.)		
If you have indicated an Al port/fleet headquarter. (Pro Street Address/Unit/Duty L	ivide physical location	ride physical lo data) (Provide City or Posi	Cily and Country	th elther street add. if outside the United S State	ress, base, po itates; otherwise Zip Code	ost, embassy, unit, a s, provide City, State and Country	nd country location or h		
er your Social Security	Number before ac	oing to the r	next page 🕳				069-68-8543		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S	ection 13A - Em	oloyment Acti	vities - (Cont	inuec	1)	,		7						
F	13A.2 Complete	the following if	employment t	ype is	s other feder	al employmen	t, state	government,	federal co	intractor,	non-go	vernment, or othe	эг,	
i.	Provide dates of employment. From Date To Date					Select the employment status for this position:			Provid	Provide most recent position title.				
)(E)	•			Present					Provide the name of your employer.					
7		Est.		Est.	outside the United States; otherwise, provide City, State and Zip Code.)									
	Street	ess of employs	er, (Provide City	and C	City	de the United Sta		erwise, provide (State	Zity, State a Zip Code	•	e.) Coun	try		
	Provide telephor	e number	Extension	\ 	Interna	tional or DSN	hone	number			l			
	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).													
	Not	From date (Month/Year)		To date (Month/Year)		Pos		sition Title	sition Title		Supervisor			
	Applicable			Est.			Est.							
				Est.			Est.							
		·		Est.			Est.							
				Est.	<u> </u>		Est.					· · · · · · · · · · · · · · · · · · ·		
	(a) Is/was your p		ddress differe , proceed (a (b))		in your empl	oyer's addres	7							
	Provide the v Street	vork address w	here you are/	were	physically lo City	cated, (Provide	-		ide the Unit Zip Code		Cauni	e, provide City, State try	and Zip Code.)	
	·	hone number			Extension	Day [Night	DSN phone nu						
	(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country													
	, , ,	or did you have	e an APO/FP6 Idress	obs C	iress while a	t this location		or FPO		APO	/FPO S	State Code	Zip Code	
Provide the name of your supervisor. Provide the position title of your supervisor.														
î	Provide the email	address of yo	ur supervisor.	□'	don't know	Provide supe	rvisor':	telephone nu	mber. E	xtension	Ini	ernational or DSI	V phone number	
	Provide physical Street	work location o	f your superv		Provide City a City	nd Country if out		<i>United States; o</i> State	therwise, po Zip Code		State at Count			
	if outside the U		ta with street erwise, provide	addre	ss, base, po	ost, embassy, Code for pods in	unit, a	nd country loca		ome part/f	leet he	mplete (b). adquarter, (Provid untry	e City and Country	
(-	b) Did/does yau YES — NO		ive an APO/FI	O,ac	ldress while	at this location		or FPO		APO.	/FPO S	itate Code	Zip Coda	
te	r your Social S	Security Nun	nber before	goir	ng to the n	ext page						069-68	3-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

13A.3 Comp											
	plete the follov	wing if a	mployment type	is self-emplo	yment						
Provide dat	tes of employn	nent.							ovide most recent position title.		
From Date (Month/Year)			To Date (Month/Year) ·	_	this position:	Owner		Owner			
		7	iwinimi idai) .					Provide the name of your employer.			
09/2006	Esi	i.		Est.	Part-time		[Law Office	s of	Jay Leiderman	PC
Provide add	dress of this er	mployn	ent. (Provide City	and Country if o	utside the United State	s; olherwise, p					
Street	-i Oi -i-	200		City		State	,	o Code	, C	lountry	
	Iston St ste			Ventura		ca	93	3003			
	ephone numbe	9r.	Extension		nal or DSN phone i	number					
(805) 654			24	.⊠ Day 🗌		- · · ·				·····	· · · · · · · · · · · · · · · · · · ·
(a) is your ;	physical work	addres	s different than	your employm	ent address?						
YES	S X NO (IFN	VO, proc	eed (6 (b))		•						
	the work addr	ress wh	iere you are/wei		icated. (Provide City i					erwise, provide City, St	ale and Zip Code.)
Street				City		State 	Zip	Code	- (ountry	•
Providel a	45 - 4-1 - 1										
	i ine leleprione one number	a numpe	er for this addres Extension		ational or OSN pho	na number '					
Telepho	mo nambor				□ Night	ne manned					
(b) If you be	ave indicated :	an APC	VEPO address			ted an addre	ee nui	cide of the LL	hatla	States, complete (b	2)
(b.1) Pro	ovide physical	l locatio	n data with stre	et address, ba	se, post, embassy,	unit, and cou	intry to	ocation or ho		rt/fleet headquarter	
	-				State and Zip Code ic	•		-		Catalan	
20	reet Address/L		y Location	City of F	ost Name	State 	- 1	Zip Code		Country	
(h 2) Do	you or did yo	u havo	an APO/FPO a	ddress while a	t this location?			···-			
(0.2) 00	7 yes		lress	aniess willie e		or FPO		, A	PO/F	PO State Code	Zip Code
-] NO				j						
Provide the	name of some	eone th	at can verify you	ır self-employı	nent.		 -				
Last name			First	name							
		 -									
	address of this	is verifie	er, (Provide City ar		side the United States;						
Street			•	City		State	Zip j	Code	. U	ountry	
Constant that	1-1		4)-1	<u> </u>	·						
Praviae ine i Telephone n	telephone nun rumber	noer to	r this person. Extension	Unternation	nal or DSN phone r	umber					
	,			Day							
function to		noven.	0.534				-1-1	File I leite d'	· · · · · · · · · · · · · · · · · · ·		
					u have indicated ar					, complete (b). It headquarter <i>. (Pro</i> v	ida Cilu and Caus
a) Provide			a with street adt	11033. Udac. Ut	ost, embassv. unit.	and country l	ocatio		שסווט זו		
if outside			rwise, provide City	. Stale and Zip (Code for ports in the L	Inited States.)					ine tilly and Godi
if outside	the United State ddress/Unit/D		rwise, provide City	Stale and Zip (City or Pos	Code for ports in the L	and country l Inited States.) State		Cade		ountry	ine Gily and Godi
if outside Street Ad	.ddress/Unit/D	uty Loc	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name	Inited States.)					
if outside Street Ad	ddress/Unit/D	uty Loc	rwise, provide City	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.)		Cade	C		
if outside Street Ad	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry	Zip Code
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry PO State Code	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry PO State Code	
if outside Street Ad b) Does you	ddress/Unit/D	uty Loc yment v	rwise, provide City cation	Stale and Zip (City or Pos	Code for ports in the L st Name ress?	Inited States.) State		Cade	C	ountry PO State Code	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

_			· · · · · · · · · · · · · · · · · · ·		 				
L	Section 13A - Employment Activities - (C	Continued) ·				· · · · · · · · · · · · · · · · · · ·			
	13A.4 Complete the following if employment	ent type is unempl	oyment.						
Į.	Provide dates of unemployment.			and mea	ans of suppo		- •	ur unemployment	activities
Entry #4	From Date (Month/Year) To	Date (Month/Year)	Present Est.	Last nar	ne ·		First na	ame	
	Provide address of this verifier. (Provide Co	•	ilde the United Stat	tes; otherwi		-	•		
	Street	City			State	Zip Code	Country	4	
1	Provide the telephone number for this pers	ion.							
	Verifier telephone number Extension	☐ International or ☐ Day ☐ Nigh	•	mber				· · · · · · · · · · · · · · · · · · ·	
- [If you have indicated an APO/FPO addre								
- 1	 (a) Provide physical location data with st if outside the United States; otherwise, pro 					cation or home	port/fleet hea	dquarter, (Provide t	City and Country
	Street Address/Unit/Duty Location	-	Post Name		State	Zip Code	Country	,	
1	(b) Does your unemployment verifier have	ve an APO/FPO ac	dress?		······································	.L	_		
	YES - Address	* •		APO o	r FPO	ļ	APO/FPO St	ate Code 2	Ip Code
[13A.5 Complete the following if employm Government, Federal Contractor, I						ed Corps, Oth	ner Federal employ	/ment, State
Ħ	Provide the reason for leaving the employ								
Entry #4	For this employment have any of the folio Fired, quit after being told you would be fi notice of unsatisfactory performance.		•	•		gations of misc	onduct, left by	mulual agreemen	t following
	YES NO (If No. proceed to 13A.6)								
ļ	Select your type of incident:	Reason:					nt departure c		
1	☐ Fired	Provide the reas	on for being fire	ıd.		Provide th	e date you we	re fired. (Month/Yea	
									Est.
1	Quit after being told you would be	Provide the reas	on for quitting.		•	Provide the fired, (Mont	- ,	t after being told y	ad pluow vo
	fired					11.00, (11.01.			Est.
1	Left by mutual agreement following	Provide the char	ges or allegation	ns of misc	onduct.			following charges	or allegations
	charges or allegations of misconduct	ł				of miscond	luct, (Month/Ye	Br)	(1 e
1		Desired the second				<u> </u>			Est.
	Left by mutual agreement following	Provide the reas	on(s) for unsatis	stactory p	enormance.		•	by mutual agreem performance. (Mo	_
	notice of unsatisfactory performance							,	Est.
	13A.6 Complete the following if employment, Federal Contractor, N						ed Corps, Oth	er Federal employ	ment, State
4	For this employment, in the last seven (7 in the workplace, such as a violation of se		received a writte	en warnin	g, been offic	ilally reprimand	led, suspende	d, or disciplined fo	r misconduct
	YES NO	curity policy?		•					
	#1 Provide the reason(s) for being warned	d, reprimanded, su	ispended or dis	ciplined.				Date: (Month/Year	r) Est.
	#2 Provide the reason(s) for being warner	d, reprimanded, su	spended or dis	ciplined,				Date: (Month/Yea:	r) Est.
	#3 Provide the reason(s) for being warned	d, reprimanded, su	spended or dis	ciplined.				Date: (Month/Yea	r) Est.
	#4 Provide the reason(s) for being warned	d, reprimanded, su	spended or disc	ciplined,				Date: (Month/Yea	r) Est.
L nt	ter your Social Security Number befo	ore going to the	e next page				→ [069-68-8	543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former Fed	leral Service	 	19.44		
Do you have former federal civilian employment, excl		- NOT lading			
YES NO (if NO, proceed to Section 13C)	onion tumary s	ervice, NOT indical	ea bievior	isiy, to tebuit.	
Complete the following if you selected "Yes" to	having forme	r federal civilian e	mployma	nt, excluding milita	ary service, NOT indicated previously.
Entry #1					
Provide dates of federal civilian employment. From Date (Month/Year) To Date (Month/Year) Est.	r/ Present	Provide the name which you are/we			Provide your position title.
Provide the location of the agency, (Provide City and Street	Country if autside City	the United States; other	erwise, provi State	de Cily, State and Zip (Zip Code	Code.) Country
Entry #2					
Provide dates of federal civilian employment. From Oate (Month/Year) To Date (Month/Year) Est.	r) 🗍 Present	Provide the name which you are/we			Pravide your position title.
Provide the location of the agency. (Provide City and Street	Country if outside City	a the United States; oth	erwise, prov Stale	ide City, State and Zip Zip Code	Code.) Country
Entry #3				4	
Provide dates of federal civillan employment. From Date (Month/Year) To Date (Month/Year) Est.	r) Present	Provide the name which you are/we			Pravide your position title.
Provide the location of the agency. (Provide City and Street	Country if outside City	the United States; other	rwise, provi State	de Gily, State and Zip (Zip Code	Cade.) Country
Entry #4					
Provide dates of federal civilian employment. From Date (Month/Year) To Date (Month/Yea Est.	r)	Provide the name which you are/we			Provide your position title.
Provide the location of the agency, (Provide City and Street	Country if outside City	the United States; other	rwise, provi State	de Cily, State and Zip (Zip Code	Code.) Country
Section 13C - Employment Record Have any of the following happened to you in the last	t seven (7) yea	ars at employment :	ctivities th	al you have not pre	viously listed?
 Fired from a job? Quit a job after being told you would be fired? Have you left a job by mutual agreement following of Left a job by mutual agreement following notice of utilities. Received a written warning, been officially reprimand the workplace, such as violation of a security policy? 	nsatisfactory pe led, suspended	erformance?		it in	
YES (If YES, you will be required to add an additional en	mployment in Sec	ction 13A)			
NO (If NO, praceed to Section 14)	·				
			•		
					1
nter your Social Security Number before goin	g to the nex	t page			069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 14'- Selective Service Record				
Were you born a male after December 31, 1959 YES NO (If NO, proceed to Section 15)	97			
Have you registered with the Selective Service	ce System (SSS)?	The Selection	ve Service website www	v.sss.gov, can help provide the
Yes Provide registration no		registration	number for persons who	have registered. Note: Selective
		Service Nur	nber is not your Social S	ecurity Number.
- Tarias explanation				·
i don't know -> Provide explanation: >			······································	· · · · · · · · · · · · · · · · · · ·
Section 15 - Military History			,	· .
Have you EVER served in the U.S. Military?				
YES NO (If NO, proceed to Section 15.2)				
15.1 Complete the following if you responde	d 'Yes' to having served in the	he U.S. Military,	·	
Entry #1	1	7	1=	· · · · · · · · · · · · · · · · · · ·
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service n	umber.
Army Air National Guard		Not Applicable		
Army National Marine Corps	Provide your status	Officer		
	Active Duty	☐ Enlisted	Provide your dates of	service. To Date
Navy Coast Guard	Active Reserve		(Month/Year)	(Month/Year) Present
Alr Force	Inactive Reserve			st. Est,
Were you discharged from this instance of U. YES NO	S. military service, to include	a Reserves, or National G	uard?	
Provide the type of discharge you received: Honorable Under Other than Honorable Condition Dishonorable General	Bad Conduct Ons Other (provide ty	pa))		Provide the date of discharge listed (Month/Year)
Provide the reason(s) for the discharge, if dis	charge is other than Honora	ble		<u> </u>
Entry #2				
Provide the branch of service you served in.	State of service, if	Officer or enlisted	Provide your service n	umber.
Army Air National Guard	National Guard	Not Applicable		•
Army National —	Ganda varia dates	Officer	·	
Guard Marine Corps	Provide your status	Enlisted	Provide your dates of	
☐ Navy ☐ Coast Guard	Active Reserve		From Date (Monih/Year)	To Date , (Month/Year)
Air Force	Inactive Reserve		DE	
Were you discharged from this instance of U. YES NO	S. military service, to include	Reserves, or National G	uard?	
Provide the type of discharge you received:				Provide the date of
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)
Dishonorable General	Other (provide ty	pe) 🕨		☐ Est.
Provide the reason(s) for the discharge, if disc	charge is other than Honoral	ale		
,				
,	•			
Enter your Social Security Number before	going to the next page			069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

i CFR Parts 731, 732, and 736	in one of the transfer of the
Section 15 - Military History - (Continued)	
15.2 In the last seven (7) years, have you been subject to counder the Uniform Code of Military Justice (UCMJ), such Court of Inquiry, etc?	as Article 15, Captain's Mast, Article 135
Complete the following if you responded 'Yes' to In the last seve Uniform Code of Military Justice (UCMJ), such as Article 15, Ca	en (7) years, have you been subject to court martial or other disciplinary procedure under the optain's Mast, Article 135 Court of Inquiry, etc.
Entry #1	
Provide the date of the court martial or other disciplinary proceed	•
	☐ Est.
Provide a description of the Uniform Code of Military Justice (U offense(s) for which you were charged.	CMJ) Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in were charged (title of court or convening authority, address, to I and state or country if overseas).	
Entry #2	
Provide the date of the court martial or other disciplinary proceed	•
	Est.
Provide a description of the Uniform Code of Military Justice (Uniform Sold of Military Justice (Uniform Sol	CMJ) Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in were charged (title of court or convening authority, address, to land state or country if overseas).	
•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 15 - Military History - (Contin				·
	civilian or military member in a for litia, other defense force, or gover		ry, intelligence, YE	S NO (If NO, proceed to Secti
Complete the following if you responsecurity forces, militia, other defense		as a civilian or milita	ary member in a foreign coun	try's military, intelligence, diplon
Entry #1				
During your foreign service, which o	rganization were you serving unde	т?	Provide the name of the for	eign organization.
Military (Specify Army, Navy,	Security Forces			
Air Force, Marines, etc.)	Militia		Provide your period of serv	ico
Intelligence Service	Other Defense Forces		From Date (Manth/Year)	
Diplomatic Service	Other Government Agency		∏ Est	1 '
Broulds the name of the country	_ 			Jepartment/office in which you s
Provide the name of the country.	Provide the highest position	Jimank neid,	Provide division	repartmentromes in which you's
Provide a description of the circumst	ances of your association with this	organization. Prov	/ide a description of the reas	on for leaving this service.
	•			
Do you maintain contact with current	or former associates, colleagues,	or acquaintances fr	om your service in this organ	sization?
YES NO (If No. proceed to S	•	·		
Contact #1		W		
Provide the contact's full name.				
Last name	First name		Middle name	Suffix
Provide the contact's address, (Providest Street	de City and Country if outside the United City	l States; otherwise, prov State		ountry
	1	1		
Provide the contact's official title.	Provide the frequency	y of contact.	Provide the length of your	association with the contact.
	,		From Date (Month/Year)	To Date (Month/Year) Pr
		•	Est	. Es
Contact #2				
Provide the contact's full name.	71			0.77
Last name	First name		Middle name	, Suffix
Provide the contact's address. (Provide	le City and Country if outside the United	States otherwise nmt	ide City State and Zin Code)	
Street	City	State		ountry
Provide the contact's official title.	Provide the frequency	y of contact.	Provide the length of your :	
			From Date (Month/Year)	To Date (Month/Year) Pr
<u>.</u>			Est	. Es
•				
		•		
	•			
·				
	•			
	•			
				069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continue	ed)		
security forces, militia, other defense for	d 'Yes' to having EVER served as a civilian or r orce, or government agency.	nilitary member in a foreign countr	y's military, intelligence, diplomatic,
Entry #2			
During your foreign service, which orga	inization were you serving under?	Provide the name of the fore	lgn organization.
Military (Specify Army, Navy, Air Force, Marines, etc.)	Security Forces		•
Intelligence Service	Militia	Provide your period of service	8.
	Other Defense Forces	From Date (Month/Year)	To Date (Month/Year) Present
Diplomatic Service	Other Government Agency	Est.	Est.
Provide the name of the country.	Provide the highest position/rank held.	Provide division/de	epartment/office in which you served.
Provide a description of the circumstan	ces of your association with this organization.	Provide a description of the reason	1 for leaving this service.
	r former associates, colleagues, or acquaintance	es from your service in this organiz	zation?
YES NO (If NO, Proceed to Sec			
Provide the contact's full name.			
Last name	First name	Middle name	Suffix
Provide the contact's address. (Provide of Street	City and Country if outside the United States; otherwise, City Stat	-	untry
Provide the contact's official title.	Provide the frequency of contact.	Provide the length of your as From Date (Manth/Year)	sociation with the contact. To Date (Month/Year) Present Est.
Contact #2			
Provide the contact's full name. Last name	First name	Middle name	Suffix
Provide the contact's address. (Provide to Street	City and Country if outside the United States; otherwise, City Stat	•	untry
Provide the contact's official title.	Provide the frequency of contact.	Provide the length of your as From Date (Month/Year) Est.	To Date (Month/Year) Present
			t

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005 **b**6

5 CFR Parls 731, 732, and 738	NATIONAL DESCRIPTIONS	~
Section 16 - People Who Know You Well		
Provide three people who know you well and who who are collectively aware of your activities outsid the last seven (7) years. Do not list your spouse,	preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., le of your workplace, school, or neighborhood, and whose combined association with you covers at least former spouse (s), other relatives, or anyone listed elsewhere on this form.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

ovide your current marital status.		r-i -				
Never Married (Complete 17.3)	Separated (Complete 17.1 and 17.3)			Divorced (Complete 17.2 and 1		
Married (including Common Lav	Annulle	ed (Complete 17.2 and 17.3)	L] Widawed (Comp	olete 17.2 and 17.3)	
17.1 Complete the following if yo	ou selected 'Married' or 'Sep	arated,	· .			
2 Last name	Firs	t name.	· •	Middle na	me	Suffix
				Middle na	me -	Suffix
Maiden name? From (Mo	nih/Year) To (t name (Month/Year)	Present	Middle na	me -	Suffix
Maiden name? From (Ma	nith/Year) To (Month/Year)	Present Est.		-	
Maiden name? From (Ma	nith/Year) To (Middle na	-	Suffix
Maiden name? From (Mo	inith/Year) To (<i>Month/Year)</i> t name	Est.		-	
Maiden name? From (Mo	nth/Year) To (Month/Year)	Est.		-	
Maiden name? From (Ma YES NO 3 Last name Maiden name? From (Ma YES NO	nith/Year) To (Est. nth/Year) To (Month/Year) t name Month/Year)	Est.	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo	nith/Year) To (Est. nth/Year) To (<i>Month/Year)</i> t name	Est.		me	
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name	nth/Year) To (Est. nth/Year) To (Est. First	Month/Year) t name Month/Year) t name	Est. Present Est.	Middle nai	me	Suffix
Maiden name? From (MoYES NO 3 Last name Maiden name? From (MoYES NO 4 Last name	nth/Year) To (Est. nth/Year) To (Est. nth/Year) To (Month/Year) t name Month/Year) t name	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Month/Year) t name Month/Year) t name	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	Month/Year) t name Month/Year) t name	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO 7 YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO 7 YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me Provide date mar	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me Provide date mar	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me Provide date mar	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me Provide date mar	Suffix
Maiden name? From (Mo YES NO 3 Last name Maiden name? From (Mo YES NO 4 Last name Maiden name? From (Mo YES NO YES NO	nth/Year) To (Est. Firs nth/Year) To (Est. Firsi nth/Year) To (Est.) of citizenship.	t name Month/Year) t name Month/Year)	Est. Present Est. Present	Middle nai	me Provide date mar	Suffix

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital Status - (Continued)		
		,
		1
	·	

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 17 - Marital Status	- (Continuea)				· · · · · · · · · · · · · · · · · · ·				
17.2 Complete the follow	ing if you selec	ted 'Divorced',	'Annulled	i', 'Widowe	d', or 'Other Former	Spouses'.			
Entry #1									
Provide the full name of y	our former spor	Jse.						Provide the date	
Last name	1	First name			Middle name		Suffix	former spouse. (Month/Day/Ye
Provide the place of birth	for your former	spouse.	-				<u> </u>		
City				State	Zip Code	Countr	y (Required)		
Provide the country(ies) o	f citizenship for	your former sp	ouse.	L			Provide the	date you married y	rour
Country #1		· . (Country #3	2	•		former spot	use. (Month/Day/Yea	7
									E
Provide the place married	. (Provide City an	d Country if outsid	e the United	d States; othe	rwise, providė City, State	and Country.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
City				State	Country				
		•							
Provide the status of this i	narriage.			Provide th	e date divorced, ann	ulled or wido	wed. (Month/L	Qay/Year)	
Divorced W	/idowed [Annulled							E
For your divorced or annu Code)	lled marriage, p	provide where the	ne record	is located. (Provide City and Country	y if outside the	United States;	otherwise, provide City	State and Zi
City	•			State	Zip Code	Countr	у		
Is this former spouse dece	ased?						 -		
TYES TNO III NO.		☐ I don't knov	v				*		
(a) For divorced or annuli States; otherwise, provide		ip Cođe)	n address	of the form	•				I don't knov
Street		City			State 2	Zip Code	Count	ŗy	
							1		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Contin	ued) .	•			
17.2 Complete the following if you	selected 'Divorced', 'Ar	nulled', 'Widowe	d', or 'Other Forme	r Spouses'.	1
Entry #2					
Provide the full name of your forme	r spouse.				Provide the date of birth of you
Last name	First name		Middle name	Suffix	former spause. (Month/Day/Year
Provide the place of birth for your for	rmer spouse.				
City		State	Zip Code	Country (Required)	
Provide the country(ies) of citizensh	ip for your former spous	e.	·	Provide th	e date you married your
Country #1	Cou	intry #2		former spo	ouse. (Month/Day/Year)
•		•			☐ Est.
Provide the place married. (Provide 0	City and Country if outside th	e United States; other	rwise, provide City, State	e and Country.)	
City		State	Country		
Provide the status of this marriage.		Provide th	e date divorced, ann	nulled or widowed. (Month	ı/Dav/Year)
Divorced Widowed	Annulled		•	•	Est.
For your divorced or annulled marris	age, provide where the r	ecord is located, (Provide City and Countr	ry if outside the United States	; otherwise, provide City, State and Zip
City		State	Zip Code	Country	
Is this former spouse deceased?					
YES NO (If NO, complete (a	i)) 🔲 l don't know				
(a) For divorced or annulled marriag		idress of the forme	er spouse. (Provide Ci	lly and Country if outside the	United I don't know
States; otherwise, provide City, State Street	City		State.	Zip Code Cour	ntry

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0805

069-68-8543

b6 b7C

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 17 - Marital Status - (Continued) A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate), if applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information. Do you presently reside with a cohabitant? 17.3 X YES NO (If NO, proceed to Section 18) Complete the following if you presently reside with a cohabitant. #2 Last name First name Middle name Suffix Malden name? From (Month/Year) To (Month/Year) Present YES NO Est. Est. #3 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present YES NO Est. 🔲 Est. #4 Last name First name Middle name Suffix Maiden name? From (Manth/Year) To (Month/Year) Present YES NO Est. Est. Provide your cohabitant's country(les) of citizenship. Provide date cohabitation began. (Month/Day/Year) Country #1 Country #2

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

Last name	First name	<u> </u>		Middle Vi	ame		Sumx
				141001211			
Maiden name? From (Month/Year) YES NO	To (Month)	Year)	Present				
Last name	Est. First name	<u></u>	Est.	Middle na	ame		Suffix
						· .	
Maiden name? From (Month/Year)	To (Month/	لـــا	Present:				
YES NO Last name	Est. First name		Est.	Middle na	me		Suffix
		•					
Maiden name? From (Month/Year)	To (Month/	اسط	Present				
YES NO Last name	Est. First name		Est.	Middle na	ıme		Suffix
<u> </u>							
Malden name? From (Month/Year) [] YES [] NO [To (Month/	لسا	Present				
vide your cohabitant's country(les) of citizen	Est. ship.		Est.	,	Provide d	ate cohabitation	n began.
untry #1	Country #2	!			(Month/Day	/Year)	
					<u> </u>		
						•	
•					•		
	•				÷		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

> b6 b7C

		•		<u> </u>		
#1 Last name						
			First name	.,	Middle name	Suffix
" Cust tisting			First name		Middle name	Suffix
Maiden name?	From (Month/Year)		First name To (Month/Year)		Middle name Provide the reason(s) why t	
	From (Month/Year)	Est.		Present		
Maiden name?	From (Month/Year)			Present		
Maiden name? YES NO #2 Last name			To (Month/Year) First name	Present	Provide the reason(s) why t	he name changed.
Maiden name? YES NO #2 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year)	Present Est.	Provide the reason(s) why t	he name changed.
Maiden name? YES NO #2 Last name Maiden name? YES NO			To (Month/Year) First name To (Month/Year)	Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to the reason(s)	he name changed. Suffix he name changed.
Maiden name? YES NO #2 Last name Maiden name?		Est.	To (Month/Year) First name	Present Est.	Provide the reason(s) why t	he name changed.
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name	From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name	Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO		Est.	To (Month/Year) First name To (Month/Year)	Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to the reason(s)	he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name?	From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name	Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed.
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO Last name	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO Last name	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix
Maiden name? YES NO #2 Last name Maiden name? YES NO #3 Last name Maiden name? YES NO #4 Last name Maiden name?	From (Manth/Year) From (Manth/Year)	Est.	To (Month/Year) First name To (Month/Year) First name To (Month/Year)	Present Est. Present Est. Present Est.	Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name Provide the reason(s) why to Middle name	he name changed. Suffix he name changed. Suffix he name changed. Suffix

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

> b6 b7C

Section 18 - Relatives - (Continue	ed)		ı	
	relative listed is your Mother, Father, S			d. Brothe
	ster, Half-brother, Half-sister and is a	U.S. Citizen, foreign born and is dece	ased.	
OR Complete the following if the	relative listed is your Mother, Father, S	tepmother, Stepfather, Foster pare	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister,	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother,	tepmother, Stepfather, Foster pare	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address.	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-i	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the doc	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in Iment number.	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the doc U.S. Naturalization certificate	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-i	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the document of the control of the con	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in Iment number.	nt, Child (including adopted/for	ster),
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the document of the decome of the dec	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in Iment number. Other (Provide explanation)	nt, Child (including adopted/for n-law, Guardian and is a U.S. Ci	ster), itizen,
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the document of the decome of the dec	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in Iment number.	nt, Child (including adopted/for n-law, Guardian and is a U.S. Ci	ster), itizen,
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate Provide document number.	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the doct U.S. Naturalization certificate U.S. Passport None (Provide explanation)	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in-ment number. Other (Provide explanation) >	nt, Child (including adopted/for n-law, Guardian and is a U.S. Ci	ster), itizen,
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate Provide document number.	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the document of the decome of the dec	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in-ment number. Other (Provide explanation) ne of the court that issued the U.S. Clation certificate.	nt, Child (including adopted/forn-law, Guardian and is a U.S. Ci	ster), itizen,
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate Provide document number.	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the doct U.S. Naturalization certificate U.S. Passport None (Provide explanation)	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in-ment number. Other (Provide explanation) >	nt, Child (including adopted/forn-law, Guardian and is a U.S. Ci	ster), itizen,
OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S. Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate Provide document number.	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother, or APO/FPO address. In that he or she possesses and the doct U.S. Naturalization certificate U.S. Passport None (Provide explanation)	tepmother, Stepfather, Foster pare Half-sister, Father-in-law, Mother-in-ment number. Other (Provide explanation) ne of the court that issued the U.S. Clation certificate.	nt, Child (including adopted/forn-law, Guardian and is a U.S. Ci	ster), itizen,

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives	- (Continued)						· · · · · · · · · · · · · · · · · · ·	·	
ا										
		ollowing if the re other, Sister, Sto ress and is not c	epbrother, Steps	ir Mother, Fathe Sister, Half-broth	r, Stepmoth ner, Half-sist	er, Stepfa er, Father	ther, Foster pare -In-law, Mother-In	nt, Child (inclu n-law, Guardia	iding adopti n and is not	ed/foster), a U.S. Citizen,
	Provide type of docu	mentation he or	she possesses to	support U.S. res	sidence.					
*	U.S. Allen registr	ration 🗍	U.S. Visa				Provide documen	t number		
Entry #1	Other (Provide	explanation) >								
					D		1.4. (1.1.)			
	Provide approximate	date of first con	tact. (Month/Year)		I Provide ap	ıroxımate	date of last contac	ct. (Month/Year)	Prese	ent
				Est.	<u> </u>			•	Est.	
ĺ	Provide methods of o	ontact (Check a	ıll that apply).			•				
	In person		Telephon	e .	Elec	tronic (Su	ich as e-mall, texti	ng, chat rooms,	, etc)	
ı	Written correspo	ndence	Other (Pr	ovide explanation	п) ▶					
	Provide approximate	frequency of co	ntact.							
-	Dally		☐ Monthly		☐ Ann	ually				
1	Weekly		Quarterly			-	e explanation) •			
	Provide name of curr	ant amplavae e	· · · · · · · · · · · · · · · · · · ·	a of their most re			· · · · · · · · · · · · · · · · · · ·	if known)		
ſ	Employer name	ent employer, or	i bioxide me nam	e of their most ic	cent employ	i ii fiot co	itteritiy employed (ii Kijowii).		
-				□ I don	't know					
	Denvisia No dd	-É		<u> </u>			- 16 1 11			
	Provide the address of and Country if outside the					employe	r ir not currently er	nployed. (Provid	e City	l don't know
	Street	2 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cit			itate	Zip Code	Country		_
				•	.					
١	Is this relative affiliate	d with a foreign	government, mill	tarv. security, de	fense industr	, forelan	movement, or inte	Iligence service	7	
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service?							nt or intellinence			
		service.	TOTAL TOTAL TOTAL		ngn guvennin		1, beautiff, actions	ie maastry, forc		int, or intelligence
	∐ NO ☐ I don't know	i								
L		1			<u> </u>					
Γ	18.5 Complete the fo									
		ther, Sister, Ste Idress and is no		ister, Half-broth	er, Half-siste	r, Father	-In-law, Mother-Ir	ı-law, Guardiaı	n and is not	a U.S. Citizen,
•										
Ŧ.	Provide approximate	date of first cont	tact. (Month/Year)		Provide app	roximate	date of last contac	t. (Month/Year)	Prese	ent
Entry #1			•	Est.					Est.	
ш	Provide methods of co	ontact (Check a	ll that apply).							
٦	In person		Telephone	•	Elec	tronic (Su	ch as e-mail, texti	ng, chat rooms,	etc)	
1	Written correspor	idence	Other (Pr	ovide explanation	1) >					
	Provide approximate	frequency of cor	ntact.							
1	Daily		Monthly		☐ Ann	ially.				
ļ	Weekly		Quarterly		-	•	explanation) •			
							····	(# fa		
	Provide name of curre Employer name	ant employer, or	provide the name	a or their most re	cent employs	L IL VOI COI	rrently employed (ii knowii).		
	ampieje, neme			☐ I don'	't know			1		
	Orayida the address a	£					Maria and a second seco		00.	
	Provide the address of and Country if outside the	T current employ United States: oth	yer, or provide the nerwise, provide City.	address or their State and Zip Gode	most recent	employer	r ii noi currently en	ipioyea. (Provide	a Cily	l don't know
1	Street		Cit			tale	Zip Code	Country		
					-		[]			
	is this relative affiliated	d with a foreign	government, milit	ary, security, def	ense industr	, foreign r	novement, or intel	ligence service	?	
	TYES -	•	•	• • • • • • • • • • • • • • • • • • • •			y, security, defens	•		nt, or intelligence
	□ NO	service.					,, ====:::j; =0::0!!0			
		1								
L	I den't know	<u> </u>								
	na vara Castal O	author Morente	hafaua!4	s the said ===					069-6	8-8543
nt.	er your Social Secu	anty number	neiore going t	o me next pag	ju					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

ecti	on 18 - Relatives -	(Continued)						
#1	Last name			First name			Middle name	Suffix
								}
•	Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why the name	changed.
	YES NO		Est.		Est.			
#2	Last name			First name			Middle name	Suffix
					·			
	Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why the name	changed.
	YES NO		Est.		Est.	<u> </u>		
#3	Last name			First name		,	Middle name	Suffix
	Maiden name?	** #4- II Dt /		To take the second		Decide	the region (a) why the grown	abausad
,	YES NO	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why the name	changed.
44 1	Last name		Est.	First name	Est.		Middle name	Suffix
/4 1	Last name			First name		ļ	Milagle usine	Sullix
i	Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why the name	channed
	TYES NO	, , , , , , , , , , , , , , , , , , , ,	Est.		Est.		the teaderite, and the tento	onongou.
				Ĺ				
			•					
								•
							•	
				•				
			•					

Standard Form 86 Revised December 2010

QUESTIONNAIRE FOR

Form approved: OMB No. 3208 0005

b6 b7C

	J.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736	NATIONA	L SECURITY POSITION	IS .	
	Section 18 - Relatives - (Continued	()			
25.50	Sister, Stepbrother, Stepsis OR Complete the following if the of Stepchild, Brother, Sister, Storeign born and has a U.S. of Provide one type of documentation	ter, Half-brother, Half-sister relative listed is your Mother, Stepbrother, Stepsister, Half- r APO/FPO address.		d is deceased. ster parent, Child (including a Mother-in-law, Guardian and is	dopted/foster),
	□ DS 1350 -	U.S. Passport		, ,	
	U.S. Citizenship certificate	None (Provide explanat	ian) b		
			e the name of the court that issued the	and C. Chinana bin (Natural)	
	Provide document number.	PIOVIL	e the name of the court that issued th	e 0.5. Gidzenship/Naturalizatio	r centilicate.
	Provide the address of the court th	et laguad the U.S. Cillreachlai	Noticelization andificate		·····
	Street	at issued the U.S. Gitzenship	City	State	Zip Code
			· · · · · · · · · · · · · · · · · · ·		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
5	Provide type of documentation he or she possesses to support U.S. residence.
Entry #2	U.S. Alien registration U.S. Visa Provide document number
E	Other (Provide explanation)
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	The state of the s
	Est.
	Provide methods of contact (Check all that apply).
	in person Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact,
	Daily Monthly Annually
	Weekly □ Quarterly □ Other (Provide explanation) ►
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
1	Employer name
	i don't know
ļ	Provide the address of current employer, or provide the address of their most recent, employer if not currently employed, (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
-	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO Service,
-	☐ I dan't know
L	
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen.
	has a foreign address and is not deceased.
54	Provide approximate date of first contact. (Manth/Year) Provide approximate date of last contact. (Manth/Year) Present
Entry #2	☐ Est. ☐ Est.
<u></u>	Provide methods of contact (Check all that apply).
4	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
1	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
1	
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
1	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
1	YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	□ NO service.
	I don't know
L	T 1 soft faith
nt	er your Social Security Number before going to the next page 069-68-8543
	- A am analyst assembly trainings believe decided at the made hade

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

069-68-8543

	Section 18 - Relatives - (Continue	d)				
	Entry #3					
	Provide relative type.			•		
	Provide your relative's full name.	pm			h h**-/	0
	Last name	First n	ame		Middle name	Suffix
	P1 13 11 11 11 11 11 11 11 11 11 11 11 11	I Daniela				
	Provide your relative's date of birth. Date (Month/Day/Year)	Provide your relativ City	es piace of binn.	State	Country (Required)	
	Est.	'				
	Provide your relative's country(les) o	f citizenship.				
	Country #1		Country #2			
	•				ŧ	
	18.1 Complete the following if the	relative listed is your l	Mother, Father, Ste	pmother, Stepfath	ner, Child (including adopted/fo	oster), Stepchild, Brother,
	Sister, Stepbrother, Stepsi			- 1. 3. 3. 3.		
Ģ	If mother, provide your mother's n	· ·	Same as listed	l don't know		D 25
Fater #3	Last name	First n	ame		Middle name	Suffix
ľ	Has this relative used any other na				<u> </u>	
	YES NO	311162 L				,
	Provide other names used and the	s period of time that up	ur relative used these	n (such as maides	name by a former marriage. Form	ner —
	name, alias, or nickname).	, pendu ur ame mat yo	ni selativa neda tije:	u fondu as Maingil	nome by a jointer mainage, will	ner Not applicable
	#1 Last name		First name		Middle name	Suffix
		•	·			
	Malden name? From (Mor	nth/Year)	To (Month/Year)	Present ,	Provide the reason(s) why the n	ame changed.
	YES NO	Est.		Est.		
	#2 Last name		First name		Middle name	Suffix
	Maiden name? From (Mor	ı(h/Yeşr)	To (Month/Year)	Present .	Provide the reason(s) why the n	ame changed.
	YES NO	Est.		Est.		
	#3 Last name		First name		Middle name	Suffix
	Maiden name? From (Mon	ilh/Year) .	To (Month/Year)	Present .	Provide the reason(s) why the na	ame changed.
	YES NO	Est.		Est.		
	#4 Last name		First name		Middle name	Suffix
-						
	Malden name? From (Mon		To (Month/Year)		Provide the reason(s) why the na	ame changed.
	YES NO	Est.		Est.		
					,	
	•					
	•					
				-		
		•				

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

									
	Section 18 - Relatives	- (Continued)		•					
		ollowing If the relative ther, Sister, Stepho ess and is not dece	rother, Stepsiste	ther, Father, , Half-brother	Stepmother, Stepfa , Half-sister, Fathe	ather, Foster parent r-in-law, Mother-in-	, Child (Inclu law, Guardia	ding adopte n and is not	ed/foster), a U.S. Citizen,
~	Provide type of docur	nentation he or she	possesses to sup	port U.S. resid	ence.				
#	U.S. Alien registr	ation 🔲 U.S	i. Visa			Provide document	number		
Entry #2	Other (Provide e	explanation) >							
	Provide approximate	data of first contact	(Month/Vand		Provide approvimate	date of fast contact.	(Menth West)		
- 1	Licone abbioximate	date of hist contect.	, (MOHIII FEBT)	☐ Est.	ruvide apploximate	date of last contact.	. Immund teat	Prese	ent
		· · · · · · · · · · · · · · · · · · ·		L) L3%				Est.	
	Provide methods of c	ontact (Check all the			,				
- 1	In person		Telephone		- I	uch as e-mail, texting	g, chat rooms,	etc)	
[Written correspon	nden c e	Other (Provide	explanation)	>				
-	Provide approximate	frequency of contac	it.						
- 1	Daily	i	Monthly		Annually			-	
- {	☐ Weekly		Quarterly		Other (Provid	ie explanation) ▶			
- 1	Provide name of curre	ent employer, or pro	vide the name of	heir most rece	nt employer if not co	urrently employed (if	known).		
- 1	Employer name							•	
1				🔲 l don't l	now				
-	Provide the address of				nost recent emplaye	er If not currently em	ployed. (Provid	e City	[] (don't know
	and Country if outside the	United States; otherwi		and Zip Code)	5		. .		TI doll I know
	Street		City		State 	Zip Code	Country		
- 1									·
	is this relative affiliate		-	•	· · · · · · · · · · · · · · · · · · ·		•		
	☐YES —	Describe the relative service.	live's relationship	with the foreig	n government, milita	ry, security, defense	industry, fore	ign moveme	nt, or intelligence
-	☐ NO	1					ı		
	I dan't know	İ							
			other, Stepsister			ther, Foster parent r-in-law, Mother-in-			
~	Provide approximate	riate of first contact.	(Manih/Year)		rovide approximate	date of last contact,	(Month/Year)	Prese	and and
∰ 20			,,	∏ Est.			(☐ Est.	
Entry #2	Drouido wathed of	and a to the set of the	-1				 		
	Provide methods of co	n na Abanco) idani. 1	Telephone		[] Electronic (St	uch as e-mail, texting	s chal rooms	ntn\	
			Other (Provide	aualan-Hau\		ich se callent rexuni	j, chat looms,	elcj	
	Written correspon			explanation))				
	Provide approximate I	requency of contac	· ·						
	Daily	<u> </u>	Monthly		Annually		•		
1	Weekly	· [Quarterly			le explanation) •			
	Provide name of curre	ent employer, or pro	vide the name of t	heir most rece	nt emplayer if not a	irrently employed (If	known).		
-	Employer name	•							
		···		l don't l			· · · · · · · · · · · · · · · · · · ·		
	Provide the address o	f current employer,	or provide the add	ress of their n	ost recent employe	er if not currently emp	oloyed, (Provide	e City	i don't know
1	Street	CIMEG CIBIES, ONISIM	City	. with this county	State	Zip Code	Country		
			1	*					
1	Is this relative affillated	d with a foreign gov	ernment, military.	security, defer	se industry, foreign	movement, or intellig	ence service	7	
	☐YES	- -		-		ry, security, defense			nt, or intelligence
1	=	service.	TE a Totalionomp	THE PERSONS	government man			g., .,,	, 0,,9
1	□ NO	1 .			*		•		
	I don't know		<u></u>		• .		·		<u>, , , , , , , , , , , , , , , , , , , </u>
				•					
= a 4			forn malma en el	a navt sace				069-6	8-8543
-116	er your Social Secu	arry Number Del	ចាន ទីភាពភិ ស ប	a uevr hañe					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Г	Secti	on 18 - Relatives -	(Continued)									
	Entry	/ #3										
Ī	Provi	de relative type.										
		de your relative's ful name	l name.		First n	ame				Middle name	,	Suffix
		•										
i	Provid	de your relative's da	te of birth.		ır relativ	e's place of birth.						
1	Date	(Month/Day/Year)	·	City				State	1	Country (Required)		
			Est.							·		
		de your relative's co try #1	untry(les) of	citizenship.	•	Country #2						
											•	
I	18,	1 Complete the following	owing if the r	elative listed	Is your l	Mother, Father, St	tomas	her, Stepfal	her. C	hild (including adopt	ted/foster). Ster	child, Brother,
		Sister, Stepbroti	ner, Stepsis	ter, Half-bro	ther, Ha	if-sister.		7 i				
\$		nother, provide you	mother's ma	iden name.		Same as listed] i dan't kna		•		
Entry #3	tas	st name			First n	ame			ı	Middle name	J.	Suffix
Ħ	Life	a thin pointing count					···					
П	La	s this relative used a	iny other nar	nes r								
ı	_		sed and the	nedad of time	that un	ur relative used the	m (suc	h as maidei	name	by a former marriage	former:	
		ne, alias, or nicknan			, that yo	or relative deed the		ar da moldoi	***********	oy a lorrice marriage		Not applicable
	#1	Last name				First name				Middle name	,	Suffix
				•		1						<u> </u>
		Malden name?	From (Mont	h/Year)	 .	To (Month/Year)		resent	Provi	ide the reason(s) why	ine name chang	ea.
	#7				Est.	First name		ist.	<u> </u>	Middle name		Pussi.
	#2	Last name				riist name	,			whole name	*	Suffix
		Maiden name?	From (Mont	h/Yeari		To (Month/Year)		resent	Provi	de the reason(s) why t	he name chano	ed.
		YES NO		, , , , , , , , , , , , , , , , , , ,	Est.			si,	[
-	#3	Last name	L			First name			L	Middle пате		Suffix
		•	• • •									
-		Maiden name?	From (Monti	h/Year)		To (Month/Year)	∏ F	resent	Provi	de the reason(s) why t	he name chang	ed.
		YES NO			Est.			st.	<u> </u>			,
	#4	Last name				First name				Middle name		Suffix
			·			<u> </u>		·		<u> </u>		
ľ		Maiden name?	From (Monti			To (Month/Year)		resent	Provi	de the reason(s) why t	he name chang	ed.
L		TIES TINO		<u> </u>	Est.			st.	<u> </u>			
						٠					•	
					•							
				•								
				•								
			•			•		-				
		•			•							
											r	
En	ter y	our Social Secu	rity Numbe	r before g	oing to	the next page					069-	68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

b6 b7С

ection 18 - Relatives - (Continue	d)			
s your relative deceased?		Name of the second seco	YES (If YES, pro	oceed to 18.3)
	relative listed is your Mother, Father,	Stepmother, Stepfather, Foster par		
Stepchild, Brother, Sister,	Stepbrother, Stepsister, Half-brother	, Half-sister, Father-in-law, Mother-	in-law, Guardian and is	not deceased.
	relative listed is your Mother, Father, S			itepchild, Brothe
Sister, Stepbrother, Stepsis OR	ster, Half-brother, Half-sister and is a	U.S. Citizen, foreign born and is dece	ased,	
Complete the following if the	relative listed is your Mother, Father, S Stepbrother, Stepsister, Half-brother,	tepmother, Stepfather, Foster pare	int, Child (including add	opted/foster),
foreign born and has a U.S.		Hall-sister 1 adiot-til-law, Monter-I	ri-law, Guardiait and is	a U.S. Cilizelli,
Provide one type of documentation	n that he or she possesses and the doc	ument number.		
FS 240 or 545	U.S. Naturalization certificate	Other (Provide explanation)		
DS 1350	U.S. Passport			
U.S. Citizenship certificate	None (Provide explanation) ▶		·	
Provide document number.	Provide the na	me of the court that Issued the U.S. C	itizenship/Naturalization	certificate,
			· · ·	···
Provide the address of the court it Street	hat issued the U.S. Citizenship/Naturalla	zation certificate. City	State	Zip Code
] '	
				
,		·		
•	•			
			•	
•		•		
•				
	•			
· • • • • • • • • • • • • • • • • • • •				•
			•	
	•			
•			•	
	•			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
63	Provide type of documentation he or she possesses to support U.S. residence.
Entry #3	U.S. Allen registration U.S. Visa Provide document number
Ü	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
1	Provide methods of contact (Check all that apply).
	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Daily Monthly Annually
ı	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
ļ	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
-	Employer name
- 1	☐ I don't know
- 1	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; afterwise, provide City, State and Zip Code)
l	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
1	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
-	NO service.
-	I don't know
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.
Entry #3	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
ш	Provide methods of contact (Check all that apply).
٦	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	☐ Dally ☐ Monthly ☐ Annually
	Weekly ☐ Quarterly ☐ Other (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	☐ I don't know
1	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	☐ I don't know
L	
En	ter your Social Security Number before going to the next page 069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

ovide relative type. ovide your relative's full name. Ist name First name First name Middle name Solution State Country (Required) City Country #2 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step Sister, Stepbrother, Stepsister, Half-brother, Half-sister.	Suffix ochild, Broth
ovide your relative's full name. In the state of birth. State of birth. City State Country (Required) Dest. Country #1 Country #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step.	
ovide your relative's date of birth. ate (Month/Day/Year) Est. Ovide your relative's country (les) of citizenship. Country #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step.	
ovide your relative's date of birth. ate (Month/Day/Year) Est. Ovide your relative's country (les) of citizenship. Country #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step.	
ovide your relative's date of birth. Alte (Month/Day/Year) Est. Ovide your relative's country(les) of citizenship. Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step	
City State Country (Required) Est. Country #2 Country #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step	child, Broth
City State Country (Required) Est. Country #2 Country #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step	child, Broth
Est. ovide your relative's country(ies) of citizenship. ountry #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step	ichlid, Broth
Ountry #1 Country #2 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Step	ichild, Broth
18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Step	ichild, Broth
18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step Sister, Stepbrother, Stepsister, Half-brother, Half-sister.	ichild, Broth
18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Step Sister, Stepbrother, Stepsister, Half-brother, Half-sister.	ochild, Broth
Sister, Steppromer, Stepsister, nati-brother, nati-sister.	
#3 Last name Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	30.
YES NO Est. Est.	
	Suffix
	Suffix
YES NO Est. First name Middle πame	
YES NO Est. Est. Middle name #4 Last name First name Middle name	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. Est. Middle name #4 Last name First name Middle name	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO Est. #4 Last name First name Middle name Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name change	
YES NO	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued	<u></u>			
L	Is your relative deceased?			YES (IF YES, pro	seed to 18.3) X NO
		relative listed is your Mother, Father Stepbrother, Stepsister, Half-broth			
Entry #4	Provide your relative's current add Street	Iress. (Provide City and Country if outside to City		Stale and Zip Code) Code Country	
	Does this relative have an APO/FF YES Provide you NO Address I don't know	PO address7 r relative's APO/FPO address.	APO or FPO	APO/FPO State Code	Zip Code
	Sister, Stepbrother, Stepsis OR Complete the following if the Stepchild, Brother, Sister, S foreign born and has a U.S. o		a U.S. Cilizen, foreign born and is , Stepmother, Stepfather, Foster er, Half-sister, Father-in-law, Moti	deceased. parent, Child (including ado	pted/foster),
#		n that he or she possesses and the do			
Entry #4	☐ FS 240 or 545 ☐ DS 1350	U.S. Naturalization certificate U.S. Passport	X Other (Provide explanation	n) New York State Driv	er's License
	U.S. Citizenship certificate	None (Provide explanation)	•	, •	•
	Provide document number.		name of the court that issued the U.	S. Citizenship/Naturalization of	ertificate.
]	unk	·			
	Provide the address of the court the Street	at Issued the U.S. Citizenship/Natura	lization certificate. City	State	Zíp Code
L				<u></u>	
	•	•			
•					
				•	
				•	
				•	
	•				
	. '	•			
	•				
			·		
	•				
				•	•
					•
		•	•		
Ent	ter your Social Security Numb	er before going to the next pag	ie	06	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
#	Provide type of documentation he or she possesses to support U.S. residence,
Entry #	U.S. Alien registration U.S. Visa Provide document number
匝	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply).
	in person Telephone Electronic (Such as e-mail, texting, chal rooms, etc)
İ	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Dally Monthly Annually
	Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
ſ	ls this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO service.
	i don't know
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-In-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.
Entry #4	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
iii	Provide methods of contact (Check all that apply).
	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
-	□ Daily □ Monthly □ Annually
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
Į	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	☐ 1 don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
ĺ	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Latin Latin 2001 at the first and the first
1	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	☐ I don't know
L	
≅ni	ter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> ь6 ь7с

Provide your relative's date of birth. Clay Country (Required) C	Provide relative ty Provide your relatant name Provide your relative ty Provide your relative ty Provide your relative ty Provide your relative ty Provide your relative ty The state of t	/oe.					
Provide your relative's date of birth. Date (Manint/Day/Year)	Provide your related Last name Provide your related (Month/Day/Y) Provide your related Country #1 18.1 Complete Sister, Sis	roe.					
First name First name Middle name Suffix	#1 Last name #1 Last name #2 Last name #3 Maiden name Maiden name Maiden name Maiden name Maiden name Maiden name Maiden name		•			,	
First name First name Middle name Suffix	#1 Last name #1 Last name #2 Last name #3 Maiden name Maiden name Maiden name Maiden name Maiden name Maiden name Maiden name					· · · · · · · · · · · · · · · · · · ·	
City State Country (Required) Est.	#1 Last name #2 Last name Maiden name Maiden name Maiden name Maiden name Maiden name	ive's iuii name.	, First na	ame	•	Middle name	Suffix
City State Country (Required) Est.	#1 Last name #2 Last name Maiden name Maiden name Maiden name Maiden name Maiden name						
Est. Provide your relative's country(les) of citizenship. Country #1 Country #2	#1 Last name Maiden name #2 Last name Malden name Malden name			e's place of birth.	State	Country (Paguima)	
Provide your relative's country(les) of citizenship. Country #1 18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister. #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed	#1 Last name #2 Last name Maiden name Maiden name Maiden name Maiden name		City		diate	Country Integenizary	1
To (Month/Year) Present Provide the reason(s) why the name changed.	#1 Last name #2 Last name Maiden name #2 Last name Maiden name		f citizenship.				
#1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	#1 Last name Maiden name YES [#2 Last name Maiden name		<i>;</i>	Country #2			
#1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	#1 Last name Maiden name YES [#2 Last name Maiden name						·
#1 Last name First name Middle name Suffix Maklen name? From (Month/Year) To (Month/Year) Prasent Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix #3 Last name First name Provide the reason(s) why the name changed. #4 Last name First name Provide the reason(s) why the name changed. #5 Inst name Middle name Suffix #6 Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed. #7 Last name First name Provide the reason(s) why the name changed. #8 Last name First name Middle name Suffix #9 Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed. #9 Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.	#1 Last name Maiden name YES [#2 Last name Maiden name Maiden name	the following if the	relative listed is your N	Mother, Father, St	epmother, Stepfat	her, Child (including adopt	ed/foster), Stepchild, Brother,
#1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix #3 Last name From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #4 Last name First name Middle name Suffix #5 Inst name First name Middle name Suffix #6 Inst name From (Month/Year) Present Provide the reason(s) why the name changed. #6 Inst name First name Middle name Suffix #7 Inst name First name Provide the reason(s) why the name changed. #7 Inst name First name Middle name Suffix #8 Inst name First name Middle name Suffix #9 Inst name First name Middle name Suffix #9 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name Middle name Suffix #1 Inst name First name First name Middle name Suffix #1 Inst name First name First name Middle name Suffix #1 Inst name First name First name Middle name Suffix #1 Inst name First name First name Middle name Suffix #1 Inst name First name F	#1 Last name Maiden nat YES [#2 Last name Maiden nat	ериготтег, этары:	ster, nam-uromer, na	u-sister.		·	<u> </u>
#1 Last name	#1 Last name Maiden nat YES [#2 Last name Maiden nat						
#1 Last name	#1 Last name Maiden nat YES [#2 Last name Maiden nat						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #4 Last name First name Middle name Suffix #4 Last name First name Middle name Suffix #5 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed.	Maiden nar YES [#2 Last name Maiden nar						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix #4 Last name From (Month/Year) Present Provide the reason(s) why the name changed. #5 From (Month/Year) Present Provide the reason(s) why the name changed. #6 Last name First name Middle name Suffix #6 Last name First name Middle name Suffix #7 Last name First name Provide the reason(s) why the name changed. #6 Last name First name Provide the reason(s) why the name changed.	Maiden nar YES [#2 Last name Maiden nar						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #4 Last name First name Middle name Suffix #4 Last name First name Middle name Suffix #5 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed.	Maiden nar YES [#2 Last name Malden nar						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #2 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #4 Last name First name Middle name Suffix #4 Last name First name Middle name Suffix #5 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed. #6 Inst name Provide the reason(s) why the name changed.	Maiden nar YES [#2 Last name Malden nar						
YES NO Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est.	#2 Last name Malden nai	•		First name		Middle name	Suffix (
YES NO Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est. Est.	#2 Last name Malden nai	ne? From (Mor	nth/Vest	To (Month/Vezel	·	Provide the reason/s) why	the name channed
#2 Last name First name Middle name Suffix Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix #4 Last name From (Month/Year) Present Provide the reason(s) why the name changed. #5 Inst name Inst name Middle name Suffix #6 Last name From (Month/Year) Present Provide the reason(s) why the name changed. #7 Last name First name Middle name Suffix #8 Last name First name Middle name Suffix #9 Last name First name Middle name Suffix #1 Last name First name Provide the reason(s) why the name changed.	#2 Last name Malden nat					Trovide the readon(s) why	the fiathe onenged.
Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed. #4 Last name First name Middle name Suffix #4 Last name First name Middle name Suffix Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.	Malden nar			First name		Middle name	Suffix
YES NO Est. Est. Est.	YES [•	1			
To (Month/Year) #3 Last name First name First name First name First name First name First name First name First name First name First name First name Middle name Suffix Middle name Suffix Middle name First name Middle name Suffix		ne? From (Mar	nth/Year)	To (Month/Year)	Present	Provide the reason(s) why i	he name changed
Maiden name? From (Month/Year) To (Month/Year) Present. Provide the reason(s) why the name changed. YES NO Est. Est.] NO	Est,				
#4 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	#3 Last name	·		First name		, Middle name	Suffix
#4 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.							
#4 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.		1	n(h/Year)	To (Month/Year)		Provide the reason(s) why t	he name changed.
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	YES [NO	Est.		Est.		
	#4 Last name			First name		Middle name	Suffix
1	Maidan	no? Eram ##	olb Mana)	To (Manife Manife		Davida the second to the	
				(U (Wonth/rear)		Provide the reason(s) why t	ne name changed.
		<u> </u>			csr		
		. •					•
			•				
			•				
	•		•				
	•						
			•			4	
		•					
			•				•
	enter vour Socia			•			069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7С

our relative deceased?					∐ YE	S (If YES, pro	ceed to 18.3)
8.2 Complete the following if the Stepchild, Brother, Sister,	relative listed is your IV Stepbrother, Stepsist	iother, Father, er, Half-brothe	Stepmother, Stepfat r, Half-sister, Father	her, Foster parent, In-law, Mother-In-la	Child (in w, Guar	cluding add	opted/foster), not deceased.
				<u> </u>	•		
	ister, Stepbrother, Stepsister, Half-brother, Half- OR omplete the following if the relative listed is your Mo tepchild, Brother, Sister, Stepbrother, Stepsister reign born and has a U.S. or APO/FPO address,						
8.3 Complete the following if the r	relative listed is your M	other, Father,	Stepmother, Stepfath	ner, Child (including	adopte	d/foster), St	epchild, Broth
Sister, Stepbrother, Stepsis						••	•
Complete the following if the r	relative listed is your M	other, Father,	Stepmother, Stepfati	ier, Foster parent, C	hild (inc	luding ado	pted/foster),
Stepchild, Brother, Sister, S foreign born and has a U.S. o	Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/fos Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizenship born and has a U.S. or APO/FPO address. Indee one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) U.S. Passport U.S. Citizenship certificate None (Provide explanation) Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.	U.S. Citizen,					
	· · · · · · · · · · · · · · · · · · ·	ses and the doc	cument number.	· · · · · · · · · · · · · · · · · · ·			
FS 240 or 545	U.S. Naturalizati	ion certificate	Other (Provid	e explanation) 🕨		•	
DS 1350	U.S. Passport		•				
U.S. Citizenship certificate	None (Provide e	xplanation) 🕨		·•			
Provide document number.		Provide the na	ome of the court that is	sued the U.S. Citizer	nship/Na	turalization o	certificate.
					1		
rovide the address of the court the	at issued the U.S. Citiz	enship/Naturali				State	7:- 0
orest .			City			SIGILE	Zip Code
							1,
		•			,	•	
						.	
	•			•			
•							
,	•						
		:					
				•			
•					. '		
		•					
		•					
		•					
		•					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steptrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-In-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
Entry #5	Provide type of documentation he or she possesses to support U.S. residence. U.S. Alien registration U.S. Visa Provide document number Other (Provide explanation)
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present Est.
	Provide methods of contact (Check all that apply). In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc) Wilten correspondence Other (Provide explanation)
	Provide approximate frequency of contact. Daily Monthly Annually Weekly Quarterly Other (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Gode) Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. NO i don't know
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-In-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
Entry #5	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply). In person Other (Provide explanation) Provide methods of contact (Check all that apply). Electronic (Such as e-mail, texting, chat rooms, etc)
	Provide approximate frequency of contact. Daily Monthly Annually Weekly Quarterly Other (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Pravide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service: NO I don't know
L Ent	ter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)			·	
	Entry #6				
	Provide relative type.				
	Provide your relative's full name.	···	· · · · · · · · · · · · · · · · · · ·	·	
	Last name First na	ıme		Middle name	Suffix
	<u>, , , , , , , , , , , , , , , , , , , </u>				
	Provide your relative's date of birth. Provide your relative Date (Month/Day/Year) City	's place of birth,	State	Country (Required)	
	Date (Month/Day/Year) City		1	Country (Nagarea)	
	Provide your relative's country(ies) of citizenship.				
	Country #1	Country #2			
			-		
	18.1 Complete the following if the relative listed is your W Sister, Stepbrother, Stepsister, Half-brother, Hal		epmother, Stepfath	er, Child (including adopted/foster),	Stepchild, Brother,
	If mother provide your mother's maiden name.	Same as listed	☐ I dan't know	1	
Entry #5	Last name First na	⊸		Middle name	Suffix
Ē					
	Has this relative used any other names?				
	YES NO	•	•		
	Provide other names used and the period of time that you name, alias, or nickname).	ır relative used the	m (such as malden i	name by a former marriage, former	Not applicable
i	#1 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name cl	hanged.
	YES NO Est.		Est.		
	#2 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the name of	nanged
	YES NO Est.		Est.	·,/;:	
	#3 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name of	nanged.
	YES NO Est.	•	Est.		
	#4 Last name	First name		Middle name	Suffix
ļ	Maidan nama? From (Mark Man)	To (Manth Wase)		(Tenuido the space of a) why the same of	need .
	Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name ci	langed,
Ì					·
	•				
		•			
				•	
	•	•			
				ı	
Er	nter your Social Security Number before going to	the next page	,	•	069-68-8543
		, 5		· L	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

nued)					
				YES (If YES, pr	oceed to 18.3) 🔀 N
	r Mother, Father, Stepmo Ister, Half-brother, Half-s				
		itales; otherwise, provid State	ie City, State and Zip (Zip Code	Cade) Country	
			,]	
					
	address.	ADO EDO	ADOITE	Chair Cada	71-0-4-
,	•	APO BY PPO		State Code	Zip Code
the relative listed is your	Mother, Father, Stepmo	ther, Stepfather, C	hild (including ad	opted/foster), \$	Stepchild, Brother,
psister, Half-brother, H	alt-sister and is a U.S. Ci	lizen, loreign born a	no is deceased.		
er, Stepbrother, Stepsi	ster, Half-brother, Half-si	ther, Stepfather, Fo ster, Father-In-law	ster parent, Child , Mother-in-law, G	l (including ad juardian and is	opted/foster), a U.S. Citizen,
		number.	· · · · · · · · · · · · · · · · · · ·		•
		Other (Provide expl	anation) >		
,			•		
None (Provide					
	Provide the name of the	e court that issued	the U.S. Citizenshi	p/Naturalization	certificate.
		· · · · · · · · · · · · · · · · · · ·	n, foreign born and is deceased. Stepfather, Foster parent, Child (Including adopted/foster), Father-In-law, Mother-in-law, Guardian and is a U.S. Citizen, per. Per (Provide explanation) > Durt that issued the U.S. Citizenship/Naturalization certificate.		
of that issued the U.S. C		epmother, Stepfather, Child (including adopted/foster), Stepchild, Broth .S. Citizen, foreign born and is deceased. epmother, Stepfather, Foster parent, Child (including adopted/foster), falf-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, ment number. Other (Provide explanation) >	Zip Code		
re relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster) Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Cilizen or APO/FPO address. ion that he or she possesses and the document number. U.S. Naturalization certificate					
				L	
	•				
		•			
•	•				
•	•				
				1	
				•	
· •		•			
	•				
				•	
•					
•					
	•		e**		
	D/FPO address? your relative isted is your psister, Half-brother, Half-brother, Stepsiss, or APO/FPO address ation that he or she poss U.S. Passpor None (Provident that issued the U.S. Cont that issue	City D/FPO address? your relative's APO/FPO address. the relative listed is your Mother, Father, Stepmore, Half-brother, Half-sister and is a U.S. Cito the relative listed is your Mother, Father, Stepmorer, Stepbrother, Stepsister, Half-brother, Half-si.S. or APO/FPO address. ation that he or she possesses and the document of U.S. Naturalization certificate U.S. Passport Provide the name of the control of the step of	D/FPO address? your relative's APO/FPO address. APO or FPO the relative listed is your Mother, Father, Stepmother, Stepfather, Crossister, Half-brother, Half-sister and is a U.S. Citizen, foreign born at the relative listed is your Mother, Father, Stepmother, Stepfather, Fer, Stepbrother, Stepfather, Half-brother, Half-sister, Father-in-law, S. or APO/FPO address. alion that he or she possesses and the document number. U.S. Naturalization certificate Other (Provide explored by None (Provide explanation)) Provide the name of the court that issued are that issued the U.S. Citizenship/Naturalization certificate. City	City State Zip Code D/FPO address? your relative's APO/FPO address. APO or FPO APO/FPO the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including ad palster, Half-brother, Half-sister and is a U.S. Clitzen, foreign born and is deceased. the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Childer, Stepfather, Half-brother, Half-sister, Father, Foster parent, Childer, Stepfather, Foster parent, Chil	DIFPO address? your relative's APO/FPO address. APO or FPO APO/FPO State Code the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), palster, Half-brother, Half-sister and is a U.S. Cilizen, foreign born and is deceased. the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adder, Stepbother, Stepsister, Half-brother, Half-sister, Father-Iri-law, Mother-Iri-law, Guardian and is so., or APO/FPO address. altion list the or she possess and the document number. U.S. Naturalization certificate Other (Provide explanation) Provide explanation) Provide the name of the count that issued the U.S. Citizenship/Naturalization or that issued the U.S. Citizenship/Naturalization or that issued the U.S. Citizenship/Naturalization or entificate. City State

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved OMB No. 3205 000:

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steter, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
92	Provide type of documentation he or she possesses to support U.S. residence.
Entry #6	U.S. Alien registration U.S. Visa Provide document number
Ш	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
	Provide methods of contact (Check all that apply).
	In person Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
- [Dally Monthly Annually
	Weekly Quarterly Other (Provide explanation)
Ì	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
Ì	□ I don't know
ŀ	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
.	and Country if outside the United States; otherwise, provide City, State and Zip Code)
Ì	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
-	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
1	□ NO
	☐ I don't know
[18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
Entry #6	Provide approximate date of first contact, (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
11	Provide methods of contact (Check all that apply).
	In person
-	Written correspondence ☐ Other (Provide explanation) ▶
-	Provide approximate frequency of contact.
	Dally Monthly Annually
	Weekly Quarterly Other (Provide explanation) ▶
1	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	[] I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	i don't know
Ļ_	
_	069-68-8543
::n	er your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Burkley 10. Francis - Combanie	<u> </u>			
Section 19 - Foreign Contacts				
A foreign national is defined as any person who				
Do you have, or have you had, close and/or co (7) years with whom you, or your spouse, or co and/or obligation? Include associates as well as	habitant are bound by affection	n, influence, comm	on interacte	proceed to Section 20A)
Complete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with a foreign national.	
Entry #1			1	
Provide the full name of the foreign national,	if known.		☐ I don't know	
Last name First na	ame	Middle name	Suffix Explanation if nat	ne is unknown
	·			
Provide approximate date of first contact, (Mo	onth/Year) Provide	approximate date o	of last contact. (Month/Year)	
Provide methods of contact (Check all that a	aply).			
n person	Telephone	Electronic (St	ıch as e-mail, textlng, chat rooms, etc)	
Written correspondence	Other (Provide explanation) >		• •	
Provide approximate frequency of contact.		***************************************		
Daily Dr	Monthly	Annually		
Weekly (Quarterly	Other (Provid	e explanation) >	
Provide the nature of relationship (Check all	hat apply).	· · · · · · · · · · · · · · · · · · ·		
Professional or Business	•	Personal (S	Such as family ties, friendship, affection, c	ammon interests, etc)
Obligation (Provide explanation) >		Other (Prov	vide explanation) >	
Provide other names and/or nicknames, as a	ppropriate.			
Last name	First name		Middle name	Suffix
		<u> </u>		
	·			
Provide country(les) of citizenship. Country #1	Country #2	•		•
Provide date of birth.	Provide place of	birth. 🔲 I do	n't know	
(Month/Day/Year)	City		Country (if country unknown, require	s explanation)
Est.				
Provide current address. (Provide City and Countries of the Countries of t	ntry if outside the United States; off		· · · · · · · · · · · · · · · · · · ·	l don't know
Street	City	State	Zip Code Country	
Does this person have an APO/FPO address	? Provide the foreign national			
YES Address	•	APO or FPC	APO/FPO State Code	Zip Code
NO I don't know				
Provide the name of the foreign national's cur	rent employer, or provide the	name of their most	recent employer if not currently employed	d.
Employer name	,			
	` <u> </u>	I don't know		
Provide the address of the foreign national's of employed, (Provide City and Country if autside the				l don't know
Street	City	State	Zip Code Country	
		•		
Is this foreign national affiliated with a foreign	government, military, security	. defense Industry	or intelligence service?	
			military, security, defense industry, or inte	elligence service.
		····		•
NO I don't know				
ter your Social Security Number before	going to the next page			069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responde	ed 'Yes' to have, or have had	d, close and/or continuing	contact with a foreig	ιπ national.	•
Entry #2					
Provide the full name of the foreign na	tional, if known. First name	Middle name	Suffix	i don't know Explanation if nam	e is unknown
Provide approximate date of first conta	act. (Month/Year)	Provide approximate date	e of last contact. (Moi	ith/Year)	
••	Est.			☐ Est.	•
Provide methods of contact (Check all	that apply). Telephone	Electronic (Such as e-mail, texti	ng, chat rooms, etc)	
Written correspondence	Other (Provide explan	nation) >			
Provide approximate frequency of cont	lact.				
Daily	Monthly	Annually			
Weekly	Quarterly	Other (Prov	/ide explanation) 🕨		
Provide the nature of relationship (Che	eck all that apply).				
Professional or Business		Personal	(Such as family ties,	friendship, affection, co	mmon Interest
Obligation (Provide explanation))	Other (P	rovide explanation) 🕨		
Provide other names and/or nickname	s, as appropriat e .				
Last name	First name	·	Middle name	·	Suffix
	Country	#2		,	
Country #1 Provide date of birth. I don't kno			fon't know Country (#	country unknown, requires	explanation)
Country #1 Provide date of birth. I don't kno	w Provide			country unknown, requires	explanation)
Country #1 Provide date of birth. I don't kno Month/Day/Year) Est.	w Provide City	place of birth. [] i c	Country (III	country unknown, requires	explanation)
Provide date of birth.	w Provide City	place of birth. [] i c	Country (III	country unknown, requires Country	
Provide date of birth.	Provide City and Country if outside the United S	place of birth. 10	Country (III y, State and Zip Code.) Zip Code		
Provide date of birth.	W Provide City and Country if outside the United S City City ddress? Provide the foreign	place of birth. i c	Country (III y, State and Zip Code.) Zip Code ress.	Country	☐ (dan't
Provide date of birth.	W Provide City and Country if outside the United S City City ddress? Provide the foreign	place of birth. 10	Country (III y, State and Zip Code.) Zip Code ress.		
Provide date of birth.	w Provide City nd Country if outside the United S City ddress? Provide the foreign ess	place of birth. [] 1 of States; otherwise, provide City State State APO or F	Country (III y, State and Zip Code.) Zip Code ress.	Country	☐ I don't
Provide date of birth.	w Provide City nd Country if outside the United S City ddress? Provide the foreign ess	place of birth. [] 1 of States; otherwise, provide City State State APO or F	Country (III y, State and Zip Code.) Zip Code ress.	Country	☐ I don't
Provide date of birth.	w Provide City nd Country if outside the United S City ddress? Provide the foreign ess	place of birth	Country (III y, State and Zip Code.) Zip Code ressPO	Country	☐ I don't
Country #1 Provide date of birth.	w Provide City and Country if outside the United S City ddress? Provide the foreign ress	place of birth	Country (III V, State and Zip Code.) Zip Code ress. PO est recent employer if	Country APO/FPO State Code not currently employed.	☐ I don't
Provide date of birth.	w Provide City Ind Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provincial's current employer, or provincial's current employer, or provincial's current employer, or p	place of birth	Country (III V, State and Zip Code.) Zip Code ress. PO est recent employer if	Country APO/FPO State Code not currently employed.	☐ I don't
Provide date of birth.	w Provide City Ind Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provincial's current employer, or provincial's current employer, or provincial's current employer, or p	place of birth	Country (III V, State and Zip Code.) Zip Code ress. PO est recent employer if	Country APO/FPO State Code not currently employed.	☐ I don't
Provide date of birth.	w Provide City Ind Country if outside the United S City Iddress? Provide the foreign ress It's current employer, or provide the United States; otherwise, City	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. FPO st recent employer if y iir most recent emplo	Country APO/FPO State Code not currently employed. yer if not currently Country	☐ I don't
Provide date of birth.	w Provide City and Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provide the United States; otherwise, City oreign government, military,	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. PO est recent employer if y ir most recent emplo ade.) Zip Code	Country APO/FPO State Code not currently employed. yer if not currently Country vice?	Zip Code
Provide date of birth.	w Provide City Ind Country if outside the United S City Iddress? Provide the foreign ress It's current employer, or provide the United States; otherwise, City	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. PO est recent employer if y ir most recent emplo ade.) Zip Code	Country APO/FPO State Code not currently employed. yer if not currently Country vice?	Zip Code
Provide date of birth.	w Provide City and Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provide the United States; otherwise, City oreign government, military,	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. PO est recent employer if y ir most recent emplo ade.) Zip Code	Country APO/FPO State Code not currently employed. yer if not currently Country vice?	Zip Code
Est. Provide current address. (Provide City a Street Does this person have an APO/FPO address.) YES Address Address Address of the foreign national imployer name Provide the address of the foreign national irrest. It his foreign national affiliated with a factor of the provide with a factor of the foreign national affiliated with a factor of the	w Provide City and Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provide the United States; otherwise, City oreign government, military,	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. PO est recent employer if y ir most recent emplo ade.) Zip Code	Country APO/FPO State Code not currently employed. yer if not currently Country vice?	Zip Code
Provide date of birth.	w Provide City and Country if outside the United s City ddress? Provide the foreign ress al's current employer, or provide the United States; otherwise, City oreign government, military,	place of birth 1 c	Country (III y, State and Zip Code.) Zip Code ress. PO est recent employer if y ir most recent emplo ade.) Zip Code	Country APO/FPO State Code not currently employed. yer if not currently Country vice?	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19' - Foreign Contacts - (Continued)		· · · · · · · · · · · · · · · · · · ·			
Complete the following if you responded 'Yes'	to have, or have had, close and/or	continuing contact	with a foreign nati	onal.	
Entry #3					
Provide the full name of the foreign national, if Last name First name		le name	Suffix	I don't know Explanation if name	is unknown
Provide approximate date of first contact. (Mon	nth/Year) Provide appro	ximate date of last o	ontact. (Month/Yea	or) . Est.	
		Electronic (Such as e	e-mail, texting, ch	at rooms, etc)	
☐ Weekly ☐ Q	uarterly C	Annually Other (Provide expla	nation) ▶		-
Provide the nature of relationship (Check all the Professional or Business Obligation (Provide explanation)		Personal (Such as Other (Provide exp		dship, affection, com	mon interests, etc
Provide other names and/or ntcknames, as ap Last name	propriate. First name	Middle	пате		Suffix
Provide country(les) of citizenship. Country #1 Provide date of birth.	Country #2 Provide place of birth.	∏ I don't knov	M		
(Month/Day/Year)	City			ry unknown, requires ex	rplanation)
Provide current address. (Provide City and Count Street	ry if outside the United States; otherwise City			ountry	l don't kno
Does this person have an APO/FPO address? YES Address NO I don't know	Provide the foreign national's APC	O/FPO address. APO or FPO	APO/F	FPO State Code	Zip Code
Provide the name of the foreign national's curre Employer name		of their most recent	emplayer if not c	urrently employed.	
Provide the address of the foreign national's comployed. (Provide City and Country if outside the U Street		ite and Zip Code.)		not currently	☐ I don't kno
Is this foreign national affiliated with a foreign of the color of the	government, military, security, defe ntact's relationship with the foreign			se industry, or intellig	gence service.
ter your Social Security Number before	going to the next page	<u></u>		069	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Sec	tion 19 - Foreign Contacts - (Continued)	. •				
C	omplete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with a foreig	gn national.	····
E	ntry #4					
	rovide the full name of the foreign national, i est name First na		Middle name	Suffix	l don't know Explanation if name	is unknown
P	rovide approximate date of first contact, (Ma	nth/Year) Provide	e approximate date o	of last contact. (Ma	onth/Year)	
		oply). elephone Other (Provide explanation)		ıch as e-mail, texti	ing, chat rooms, etc)	
P		Nonthly Quarterly	Annually Other (Provid	e explanation) 🕨		
	rovide the nature of relationship (Check all t Professional or Business Obligation (Provide explanation) > rovide other names and/or nicknames, as a			Such as family ties vide explanation)	s, friendship, affection, com	nmon interests, etc)
1 -	ast name	First name		Middle name		Suffix
			·			
-						
						-
	rovide country(les) of cliizenship. ountry #1	Country #2				
	rovide date of birth.	Provide place of City	of birth. 1 do	n't know Gountry (/	lf country unknown, requires ex	xplanation)
1	covide current address. (Provide City and Cour reet	dry if outside the United States; o City	therwise, provide City, S State	State and Zip Code.) Zip Code	Country	I don't know
	Des this person have an APO/FPO address YES Address NO I don't know	Provide the foreign national	l's APO/FPO addres APO or FP		APO/FPO State Code	Zip Code
,	ovide the name of the foreign national's cur nployer name	ent employer, or provide the	name of their most	recent employer	if not currently employed.	
em	ovide the address of the foreign national's c aployed. (Provide Cily and Country if outside the U reet				Over if not currently Country	☐ I don't know
_	this foreign national affiliated with a foreign YES Describe the co NO I don't know	government, military, securion ontact's relationship with the	•	_		gence service.
1,						
Enter	your Social Security Number before	going to the next page	· · ·		069	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20A - Foreign Ac						
stocks, property, inv businesses) in whic	vestments, bank accour In you or they have dire	endent children EVER had nts, ownership of corporate ct control or direct owners are publicly traded on a U	e entitles, corporate in hip? (Exclude financia	iterests or	YES NO (IF)	NO, proceed to 20A
	rate interests or busines	o having foreign financial in sses) in which you had or t on a U.S. exchange.)				
Entry #1						
Specify (Check all that a	pply): Yourself	Spouse	Cohabitant	Dependent cl	hildren	-
Provide the type of finan	cial interest.	Pravide the c	date acquired. (Month/i	Day/Year) T Est.		· ·
Provide how the financia	I interest was acquired	(such as purchase, gift, et		L tordi		
Provide the cost (in U.S. acquisition.	dollars) at time of		current value (in U.S. as sold, lost or otherw	dollars) or the value a vise disposed of:	t the time control or	∏ Es
Provide the date control Date	or ownership was relind	quished. (Month/Day/Year)	Provide explan	ation of how interest cosed of.	control or ownership t	
		Not Applica	able			
Are there any co-owners	of this foreign financial		· · · · · · · · · · · · · · · · · · ·			
#1 Provide full name of o Last name	:o-owner,	First name		Middle name		Suffix
Provide the co-owner	's current address. (Pro	ovide City and Country if outside	a the United States; other	rwise, provide City, State a	and Zip Code.)	
Street		City	State	Zip Code	Country	
Provide your co-owner Country #1	r's country(les) of cilize	enship. Country #2		Provide the nature	e of your relationship	with the co-own
#2 Provide full name of c Last name	o-owner.	First name		Middle name	I .	Suffix
Provide the co-owner	s current address. (Pro	ovide City and Country if outside	e the United States; other	rwise, provide City, State (and Zip Code.)	
Street	a satisfit and almost for a	City	State		Country	
Provide your co-owne Country #1	r's country(les) of citize	nship. Country #2		Provide the nature	e of your relationship	with the co-awr
			•			· · · · · · · · · · · · · · · · · · ·
٠	· · · .	:		·		
	•					
			\$			
•						
		· ·				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if your exponded "YES" to having fuelign financial interests (curch as stocks, properly, Investments, senk accounts, ownership or deprehending composate interests or businesses in which you had or have direct dented control or direct coverenting? (Exclude financial interests in composative filted misted interest that are publicly traded on a U.S. exchange.) Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children Provide the type of financial interest. Provide the date acquired. (**Monthopy*ner*)	ection 20A - Foreign Activities (Con	tinued)		:		· · · · · · · · · · · · · · · · · · ·
Specify (Check all that apply):	corporate entities, corporate interests	s or businesses) in which y	ou had or have direct contr	s stocks, property, inve ol or direct ownership?	estments, bank acco ? (Exclude financial i	unts, ownership of nterests in compani
Provide the type of financial interest. Provide the date acquired. (Month/Day/Year) Provide how the financial interest was acquired (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of provide the current value (in U.S. dollars) or the value at the time control or coverable was sold, lost or otherwise disposed of. Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Est. Provide the date control or ownership was sold, lost otherwise disposed of. Provide the date control or ownership was sold, lost otherwise disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the date control or ownership was sold, lost of the wild disposed of. Provide the late of control or ownership was sold, lost of the wild disposed of. Provide the nature of control or ownership was sold, lost of the wild disposed of. Provide the occurrent address. (Provide Cay and Country #2 Provide the United States althorise, provide City, State and Zip Code.) Street Provide the nature of your relationship with the co-ownership was provide City. State and Zip Code.] Provide the nature of your relationship with the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the co-ownership was controlled the	Entry #2	•				
Provide how the financial interest was soculted (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of provide the current value (in U.S. dollars) or the value at the time control or cownership was sold, lost of or otherwise disposed of. Provide the date control or ownership was relinquished. (Month/say/rear) Est. Provide explanation of how interest control or ownership was sold, lost of the wide disposed of. Provide explanation of how interest control or ownership was sold, lost of the wide disposed of. Provide the converse of this foreign financial interest? Provide the full name of conowner. Last name First name First name First name Middle name Suffix State Zip Code Country Provide the nature of your relationship with the conowners country(les) of cilizenship. Provide full name of conowner. Last name First name Provide full name of conowner. Last name First name First name First name Provide full name of conowners. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowner. Last name Provide full name of conowners. City State Provide full name of conowners. Last name Provide full name of conowners. Provide full name of conowners. Last name Provide full name of conowners. Provide full name of conowners. Last name Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide full name of conowners. Provide f	Specify (Check all that apply):	Yourself Spou	rse Cohabitan	t Depende	ent children	
Provide the cost (in U.S. dollars) at time of Provide the current value (in U.S. dollars) or the value at the time control or comership was sold, lost or otherwise disposed of: Provide the date control or ownership was relinquished. (Month/Day/rear) Date	Provide the type of financial interest.	, Pr	ovide the date acquired. (N	fonth/Day/Year)		
Provide the cost (in U.S. dollars) at time of sequisition. Eat	<u> </u>			Est.		
country #1 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #1 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #2 Provide the co-owner's country(les) of citizenship. Country #3 Provide the co-owner's country(les) of citizenship. Country #4 Country #4 Provide the nature of your relationship with the co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country life your co-owner's cou	Provide how the financial interest was	s acquired (such as purcha	se, gift, etc.).			
Provide the date control or ownership was relinquished. (Menthrosy/Yeer)					ue at the time contro	o) or
Date	•	Est.	•			
Are there any co-owners of this foreign financial interest? YES NO #I Provide full name of co-owner. Last name First name Middle name Suffix			Est, otherwise		est control or owners	ship was sold, lost (
YES NO #1 Provide full name of co-owner. Last name First name First name Middle name Suffix	Are there any co-owners of this foreign		vot Applicable			
Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country # outside the United States; otherwise, provide City, State and Zip Code.) Street Country #1 Country #2 Provide the nature of your relationship with the co-ow Provide full name of co-owner. First name Middle name Suffix		gii miericiai iiitaleati	· :		1	
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of cilizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of cilizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow				**************************************	·	
Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States: alterwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow	Last name	First name		Middle name	•	Suffix I
Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow #2 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; altherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow						
Provide your co-owner's country(les) of citizenship. Country #1 Provide full name of co-owner. Last name First name First name First name First name First name City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country(les) of citizenship. Country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2			·	•	• •	•
Country #1 Country #2 Provide full name of co-owner. Last name First name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; alterwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country with the co-owner's co-owner's country with the co-owner's country with the co-owner's co-owner's co-owner's co-owner's co-owner's co-own	arreer	City .	State	Zip Code	Country	
Country #1 Country #2 Provide full name of co-owner. Last name First name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country for the control of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2	Decide was a sund a sunt of	\ -5 -itibi-				
Provide the co-owner's current address. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow				Provide the n	ature of your relation	ship with the co-ow
Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-ow						Suffix
Provide your co-owner's country(les) of citizenship. Country #1 Country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's country #2 Provide the nature of your relationship with the co-owner's provide the nature of your relationship with the co-owner's coun	Provide the co-owner's current add	dress. (Provide City and Cour	alry if outside the United States;	otherwise, provide City, S	itale and Zip Code.)	
Country #1 Country #2 Provide the nature of your relationship with the co-ow	Street	City	State	Zip Code	Country	
Country #1 Country #2 Provide the nature of your relationship with the co-ow						
	•	· ·		Provide the n	ature of your relation	ship with the co-ov
	·	•				
				•		
		•				
		•			ı	
				•		
	•					
	•	•				
	· '					•
· programment of the control of the	•	•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7С

ection 20A - Foreign Activities - (Con	tinued)				
0A.2 Have you, your spouse, cohabitat	it, or dependent children EVER had	any foreign financial	interests that	XYES NO (II	NO Proceed to 201 2
someone controlled on your beha					
Complete the following if you respo interests that someone controlled o	nded 'YES' to you, your spouse, co n your behalf.	shabitant, or depen	dent children havir	ig EVER had any f	oreign financial
#1 Provide the full name of co-owner.	First name		Middle sam	:	Posti.
Last name	First name		Middle nam	ie	Suffix
Provide the co-owner's current add	ress. (Provide City and Country if outside	the United States: other	wise provide City State	and Zin Code I	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(les					
Country #1	Country #2		Provide your rela	itionship with the co	-owner.
#2 Provide the full name of co-owner.					
Last name	···········; First name · · · · · · · · ·		Middle nam	e	Suffix
	,				
	ress. (Provide Cily and Country if outside				
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies)	of aitizonable			<u> </u>	
Country #1	Country #2		Provide your rela	itionship with the co	-owner.
			Ĭ	•	
			•		
	•				
	•				
•					
	•				
		•			
			-		
	efore going to the next page				69-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

Section 20A - Foreign Activities - (Continued) Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. #1 Provide the full name of co-owner. Middle name Suffix First name Last name Provide the co-owner's current address. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code.) City Street Country State Zip Code Provide the co-owner's country(les) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner. #2 Provide the full name of co-owner. Middle name Suffix Last name First name Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner.

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: CMB No. 3206 0005

> b6 b7C

tion 20A - Fore	vour spouse, cohahitant a	or dependent children EVER o	wned, or do vou anti	cloate owning, or	[<u></u>		
plan to pur	chase real estate in a fore	ign country?			X YES	NO (If NO, PI	
omplete the folk opurchase real (owing it you responded 'Y estate in a foreign country	es' to you, your spouse, cohat	ollant, or dependent (children naving EV	EK owned, or	anticipate ownin	g, or planni
	Il name of co-owner,					<u> </u>	
2 Provide the ful Last name	Il name of co-owner.	First name		Middle nan	ne	1	Suffix
Last name							Suffix
Provide the co		. (Provide City and Gountry if outsic		erwise, provide City, S	State and Zip Co	de.)	Suffix
Last name			de the United States; oth State		State and Zip Co Country	de.)	Suffix
Last name Provide the co	n-owner's current address.	. (Provide City and Gountry if outsid City		erwise, provide City, S	State and Zip Co	de.)	Suffix
Provide the co		(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Last name Provide the co	n-owner's current address.	. (Provide City and Gountry if outsid City		erwise, provide City, S Zip Code	Country	de.) relationship with	
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		
Provide the co	n-owner's current address.	(Provide City and Gountry if outside City City it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it its control of the city it is control of the city in the city		erwise, provide City, S Zip Code	Country		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

mplete the following it you rourchase real estate in a for	esponded 'Yes' to eign country.	you, your spouse, cohabitant, o	or dependent chil	dren having EVER	l owned, or antici	pate owning, or plar
Jaronisso (Jaronias III - 10)				<u> </u>		
Provide the full name of co-	nwner			, <u>, , , , , , , , , , , , , , , , , , </u>		
Last name	DANIEL.	•				
rast Hallic		First name		Middle name		Suffix
						Suffix
Provide the co-owner's curr		vide City and Country if outside the Ui		ise, provide City, State	e and Zip Code.)	Suffix
						Suffix
Provide the co-owner's curr Street		vide City and Country if outside the Ui City		ise, provide City, State	e and Zip Code.)	Suffix
Provide the co-owner's curr		vide City and Country if outside the Ui City		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	Suffix
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	
Provide the co-owner's curr Street Provide the co-owner's cou		vide City and Country if outside the Ui City ship.		ise, provide City, State Zip Code	e and Zip Code.) Country	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities	(Continued)	٠.		
	receive in the future, any		received in the past seven etirement, social welfare, or	YES NO (II NO, Proceed to 20A.5)
Complete the following if you res years, or are eligible to receive t				hildren received of the past seven (7) enefit from a foreign country.
Entry #1				
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dependent children
Provide the type of benefit.	☐ Educational	Medical	Retirement	Social Welfare
	Other such benefit	Provide explanation) >		
Provide the frequency of the benefit.	Onetime benefit (Co.	mplete (a))	uture benefit (Complete (b))	Continuing benefit (Camplete (c))
(a) If you have indicated that you			encolund a enciliar banefit fra	a feroing govern
Provide the date the benefit	Provide the name of		Provide the total value (in U.S.	Provide the reason this benefit
was received. (Month/Day/Yea	r) providing the bene-		dollars) of the benefit received.	was received.
	Est.		·	Est.
1	you, your spouse, your co s, provide explanation,	habitant, or dependant	children obligated in any way t	o this fareign country?
(b) If you have indicated that you	, your spouse, cohabitant	or dependent children	expect to receive a benefit from	n a foreign country:
Provide the date the benefit v	vill Provide the f	equency the benefit will	be received.	
begin. (Month/Day/Year)	Annually	Monthly	Other (Provide explan	ation) •
Provide the name of the coun	Est. Quarterly	<u> </u>	S dollars) of the	Provide the reason this benefit will be
1 10 Vide the Harrie of the Codi	n'y providing mis benefit.	benefit to be received.	.o. donaraj di tile	received,
			П	Est.
	you, your spouse, your co s, provide explanation.	habitant, or dependant o	children obligated in any way t	o this foreign country?
(c) If have indicated that you, you	ır spouse, cohabitant, or c	lependent children rece	ive a continuing or other bene	efit from a foreign country:
Provide the date the benefit b	egan. (Monih/Day/Year)	Provide the date	the benefit is expected to end	. (Month/Day/Year)
	·]Est.		☐Est.
Provide the frequency that thi	s benefit is received. Monthly	Other (Provid	le explanation) ▶	
Quarterly	Waekiy			
Provide the name of the coun benefit.		vide the total value (in land) nefit.	J.S. dollars) of	Provide the reason this benefit is being received.
•			☐Est.	T.
		habitant, or dependant o	children obligated in any way to	this foreign country?
YES If yes	, provide explanation.			
•		•		
				·
	•			
the very Capiel Consults Nove	har hafara salas to th	a navt naca		069-68-8543
iter your Social Security Num	per perore going to tr	ie next hage		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities,-	(Continued)			,	
Complete the following if you res years, or are eligible to receive in	ponded 'YES' to as a U.S. I the future, any education	citizen, you, your spous nal, medical, retirement,	e, cohabitant; or dependen social welfare, or other suc	t children received i h benefit from a fore	n the past seven (7) Ign country.
Entry #2					
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dapendent	children
Provide the type of benefit.	☐ Educational ☐ Other such benefit (☐ Medical Provide explanation) ▶	Retirement	Social Well	fare
Provide the frequency of the benefit.	Onetime benefit (Con	nplete (a)}	ture benefit (Complete (b))	Cantinuing	benefit (Complete (c))
(a) If you have indicated that you	, your spouse, cohabilant	or dependent children r	eceived a onetime benefit f	rom a foreign countr	у:
Provide the date the benefit was received. (Month/Day/Year	Provide the name of providing the benefits.		rovide the total value (in U. ollars) of the benefit receive		the reason this benefit ceived.
As a result of this benefit are		habitant, or dependant o	hildren obligated in any wa		ntry?
(b) If you have indicated that you,	, your spouse, cohabitant	or dependent children e	xpect to receive a benefit f	rom a foreign countr	y:
Provide the date the benefit w begin. (Month/Day/Year)	Annually Est. Quadedy		Other (Provide expl	anation) >	
Provide the name of the count	try providing this benefit.	Provide the value (in U. benefit to be received.	S. dollars) of the	Provide the received,	e reason this benefit will b
NO	, provide explanation.				
(c) If have indicated that you, you	r spouse, cohabitant, or c	ependent children recei	e a continuing or other be	enefit from a foreign	country;
Provide the date the benefit be		Provide the date	he benefit is expected to e	nd. (Month/Day/Year)	☐Est.
Provide the frequency that this Annually Quarterly	s benefit is received, Monthly Weekly	Other (Provide	explanation) •		
Provide the name of the count benefit.		vide the total value (in U refit.		Provide the reason received.	on this benefit is being
			Est.		
As a result of this benefit are y YES If yes,	ou, your spouse, your co , provide explanation.	habitant, or dependant c	nildren obligated in any wa	y to this foreign cour	atry?
		•			
•			•		
	•	•	•		
er vour Social Security Numb	per before going to th	e next page	·		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 20A - Fareign Activities - (Cantinued)						
A.6 Have you EVER provided financial supp	oort for any foreign national?			YES X	NO (If NO, proceed	d to 20.
Complete the following if you responded 'Yes'	to providing financial support for	any foreign nati	onal.			
Entry #1						
Provide the name of the foreign national you s Last name	support or have supported financia First name	ally.	Middle name		Suffix	,
Provide the address of the foreign national list	ed above, (Provide City and Country)	if outside the Unite	d States; otherwise, p	provide City, State and	d Zip Code.)	
Street	City	State	Zip Code	Country		
Provide the nature of your relationship with the	o foreign national listed above.	Provide the	amount (in U.S. do	ollars) of all financi	lal support provid	led.
	,					
Provide the frequency of your support.	Provide this foreign national's of Country #1	country(les) of c	itizenship. Country #2			
Entry #2			I			
Provide the name of the foreign national you s	support or have supported financia	ally,	A St. t. Ib		D. 15.	
.ast name	First name		Middle name		Suffix	
Provide the address of the foreign national list	ed above /Provide City and Country	if outside the Units	d States otherwise in	muido Cibr State and	(7in Code)	
Street	City					
•		State	Zip Code	Country		
Provide the nature of your relationship with the			amount (in U.S. do		al support provid	led.
					al support provid	
		Provide the	amount (in U.S. do		al support provid	led,
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	
Provide the nature of your relationship with the	e foreign national listed above. Provide this foreign national's of	Provide the	amount (in U.S. do		al support provid	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Have you in the past seven (7) years proforeign business or other foreign organization (Answer "No" if all your advice or support	ation that you have not prev t was authorized pursuant t	viously listed as a for official U.S. Gover	rmer employer?	YES NO (II NO.	
	plete the following if you responded 'Yes' to ess or other foreign organization that you t				individual associated	with a forei
Entry	#1				· · · · · · · · · · · · · · · · · · ·	
	de a description of advice/support provided	Provide the name of Last name	the individual to who First na	om advice or support was ame	provided. Middle name	Suffix
Provid	de the name of the foreign organization or clated.	foreign business with whor	n the individual is	Provide the country of original	gin for the organization	n or busine
	de the date(s) during which this advice or s Date (Month/Year) To Date (support was provided. Month/Year) Present Est.		ompensation, if any, was p	provided for your serv	ice.
Entry	#2					
Provid	de a description of advice/support provided	Provide the name of Last name	the individual to who First na	om advice or support was ame	provided, Middle name	Suffix
Provid associ	de the name of the foreign organization or clated.	foreign business with whor	n the individual is	Provide the country of ori	gin for the organizatio	n or busine
From I	te the date(s) during which this advice or s Date (Month/Year) To Date (I	Manth/Year) Present		ompensation, if any, was p	I STOVILLED TOT YOUR SOL	ice,
or this c	question, 'Immediate Family' means your s	Land 1	nts, siblings, half and	d step-siblings, children, s	itep-children, and coh	abitant.
OB.2	question, 'Immediate Family' means your s Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES 🗵 NO (II NO, p	roceed to 201
OB.2 Completen a	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES 🗵 NO (II NO, p	roceed to 20.
Compl been a	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official.	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author y you, your spouse, cohabil	te family in the past ally, by any foreign go orized pursuant to of tant, or any member	t seven (7) years Ye overnment filctal U.S. of your immediate family	ES X NO (II NO, p	roceed to 20
Complibeen a Entry	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official.	spouse, parents, step-parent y member of your immedia a consultant, even informa advice or support was author by you, your spouse, cohabit sultant, even informally, by	te family in the past tily, by any foreign go orized pursuant to of tant, or any member any foreign governn	t seven (7) years Yeovernment filicial U.S. of your immediate family nent official or agency.	ES X NO (II NO, p	aven (7) ye
Complibeen a Entry Provide	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 te the name of the government official. ame	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment filcial U.S. of your immediate family nent official or agency. Middle name	ES X NO (II NO, p	oceed to 20. even (7) ye
Complibeen a Entry Provide	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official, ame the name of the agency. ce the date of the request. (Month/Year)	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment filcial U.S. of your immediate family nent official or agency. Middle name	ES X NO (II NO, p	oceed to 20. even (7) ye
Complete a Entry a Provide Provide Entry a	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official. ame the the name of the agency. the the date of the request. (Month/Year) Es #2 the the name of the government official.	spouse, parents, step-parents, member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabits sultant, even informally, by First name	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count	t seven (7) years Yeovernment filcial U.S. of your immediate family nent official or agency. Middle name	having in the past s Su nent official or agency	oceed to 200 even (7) ye
Complibeen a Entry: Provide Provide Provide Entry: Provide Last na	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a constant. #1 be the name of the government official. ame the the name of the agency. the the date of the request. (Month/Year) Es #2 the the name of the government official.	spouse, parents, step-parents, member of your immediate a consultant, even informated a consultant, even informated a you, your spouse, cohabits sultant, even informally, by First name Provide the circumstant.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governn Provide the count ances of request.	t seven (7) years Yeovernment provernment provernment of your immediate family nent official or agency. Middle name ry with which the government	having in the past s Su nent official or agency	even (7) ye
Complete and Entry and Provide Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and	Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a consequence of the government official, ame e the name of the agency. e the date of the request. (Month/Year) Esemple:	spouse, parents, step-parents, step-parents, step-parents, step-parents, step-parents, even informated a consultant, even informated by you, your spouse, cohabits sultant, even informally, by First name Provide the circumstants.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count ences of request. Provide the count	t seven (7) years Ye overnment filicial U.S. of your immediate family nent official or agency. Middle name ry with which the government official or agency.	having in the past s Su nent official or agency	even (7) ye
Complete and Entry and Provide Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and Provide Entry and	Have you, your spouse, cohabitant, or ambeen asked to provide advice or serve as official or agency? (Answer 'No' if all the a Government business.) lete the following if you responded 'Yes' to asked to provide advice or serve as a cons#1 lethe name of the government official. ame e the name of the agency. #2 e the date of the request. (Month/Year) Es #2 e the name of the government official. ame e the name of the government official.	spouse, parents, step-parents, step-parents, step-parents, step-parents, step-parents, even informated a consultant, even informated by you, your spouse, cohabits sultant, even informally, by First name Provide the circumstants.	te family in the past tilly, by any foreign go orized pursuant to of tant, or any member any foreign governm Provide the count ences of request. Provide the count	t seven (7) years Ye overnment filicial U.S. of your immediate family nent official or agency. Middle name ry with which the government official or agency.	having in the past s Su nent official or agency	even (7) ye

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

job, asked you to ing in the past such that this offer nth/Year)	Middle name Did you accept the offer? YES Explanation	NO (If NO, proceed to 208 I you to work as a Suffix
hen this offer nth/Year) Est. United States; othe	Middle name Did you accept the offer? YES Explanation ▶ NO Explanation ▶	
nth/Year) Est. United States; othe	Did you accept the offer? YES Explanation > NO Explanation >	Suffix
nth/Year) Est. United States; othe	Did you accept the offer? YES Explanation > NO Explanation >	Suffix
nth/Year) Est. United States; othe	YES Explanation >	
	erwise, provide City, State and Zip Code.)	
	,	· · · · · · · · · · · · · · · · · · ·
	Middle name	Suffix
nth/Year)	Did you accept the offer? YES Explanation > NO Explanation >	
United States; othe Country	erwise, provide City, State and Zip Code.)	
	United States; other	nth/Year) YES Explanation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Se	ction 20B - Foreign Business, Pro	fessional Activities,	and Foreign Gov	remment Contact	s - (Continued)		
	B.4 Have you in the past seven (national not described above	(own, co-own, serve a	is business consul	ltant, provide finani	dal support, etc.)?	☐ YES 図NO (II	
	Complete the following If you respon national not described above.	ded 'Yes' to having in	the past seven	(7) years been inv	olved in any other type	e of business venture	with a foreign
	Entry #1						
	Provide the full name of this foreign Last name		name		Middle name		Suffix
	Provide the full current address of th Street	is foreign national. (Pr City	ovide City and Count	ry if outside the United State	Siales; otherwise, provid Zip Code	le City, State and Zip Co Country	de.)
1	Provide the citizenship(s) of this fore Country #1		Country #2				
	Provide a description of the business	s venture.			Provide y	our relationship to th	ils foreign national.
- 1	Provide the length of time you have From Date (Month/Year)	been involved in the b To Date (Month/Year)	usiness venture. Present Est.	Provide the nature this business vent	of association with ure.	Provide the position	on you held.
	Provide the service you provided.	Provide the finance	al support involve	d. Provide a de	scription of what com	pensation was provi	ded for your service.
	Entry #2		······································			1 .	
1	Provide the full name of this foreign ast name	First	name		Middle name		Suffix
	Provide the full current address of th Street	is foreign national. (Pr	ovida City and Count	ry if autside the United State	States; otherwise, provid Zip Code	de City, State and Zip Co Country	ida.)
	Provide the citizenship(s) of this fore Country #1		Country #2		•		
Ī	rovide a description of the business	venture.			Provide y	our relationship to th	is foreign national.
- 1	Provide the length of time you have from Date (<i>Month/Year</i>)	peen involved in the b To Date (Month/Year)		Provide the nature this business vent	of association with ure,	Provide the position	n you held.
F	Provide the service you provided.	Provide the financi	al support involve	d. Provide s de	scription of what com	pensation was provid	ded for your service.
		,					
			•				
							·
		•	•			·	
				,			
Ente	your Social Security Number	before going to t	he next page			06	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

B.5 Have you in the past seven (7) years a seminars, or meetings outside the U.S.? business for the U.S. government.)	ttended or participated in any conferences, trade shows, (Do not include those you attended or participated in on official
or meetings outside the U.S.	to in the past seven (7) years having attended or participated in any conferences, trade shows, semina
Entry #1	
Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) Present Est. From Date (Month/Year) Present
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any for	reign nationals as a result of the event?
YES Provide explanation for each contact.	Contact #1
NO .	Contact #2
	Contact #3
	Contact #4
Entry #2	
Provide the name and description of event.	Provide the dates for the event, From Date (Month/Year) To Date (Month/Year) Present
	☐ Est. ☐ Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
YES Provide explanation for each contact.	Contact #2
	Contact #3
•	Solitate #3
	Contact #4

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.) Complete the following if you responded 'Yes' to you or any member of your immediate family having in the past seven (7) years had any contact with	Provide the name of the Individual Involved in the contact. Provide the names of the subsequent contact. Provide the names of the subsequent contact. Provide the names of the individual Involved in the contact. Provide the names of the individual Involved in the contact. Provide the names of the individual Involved in the contact. Provide the names of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the name of the individual Involved in the contact. Provide the names of the subsequent contact Provide the name of the individual Involved in the contact. Provide the names of the individual Involved in the contact. Provide the names of the individual Involved in the contact. Provide the names of the foreign government(s) involved. Provide the purpose of the subsequent contact Provide the names of the foreign organization? Provide the purpose of the subsequent contact Provide the names of the individual involved in the contact. Provide the names of the individual involved in the contact. Provide the names of the individual involved in the contact. Provide the names of the individual involved in the contact. Provide the foreign government(s) involved. Provide the purpose of the subsequent contact Provide the foreign government(s) involved. Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide date of mask recent Provide the		1 - Doubles - Doubles Land	-thatties and Fa		(Constitutional)	
205.6 Have you or any member of your immediate family in the past seven (7) years had any contact with a creding government, its establishment (such as embassy, consultate, againcy, millary service, infelligence or security service, the preparaments whether fination couldable the U.S. Provide the past seven (7) years had any contact with a contact, including the U.S. pasport.)	Provide the location of the contact. Provide the contact. Provide the date of contact. Provide the foreign government, less stabilishment (such as embassy, consulate, agency, millary periodic, inclingence or security service, and to provide the date of contact. Provide the foreign government, less stabilishment (such as embassy, consulate, agency, millary service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foliagence or security service, and to provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the contact. Provide the foreign operation of the foreign operation of the contact. Provide the foreign operation of the foreign operation of the foreign operation of the subsequent contact intelligence or security service, etc.) Involved. Provide the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the						····
foreign government, its establishment (such as embassy, consultate, agency, milliary service, into its representatives, whether inside or outside the U.S. (Covernment travel or foreign travel on a U.S. passport.) it is representative, whether inside or outside the U.S. (Covernment, its establishment, its establishment (such as embassy, considiate, agency, milliary service, intelligence or security service, etc.) or its representatives whether inside or outside the U.S. Entry #1 Provide the contact. (Provide City and Country if outside the United States; chemise, provide City, State and Zip Code.) Country #2 Provide the date of contact. (Provide the purpose of the subsequent contact. Intelligence Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Provide the foreign government(s) involved. Country #2 Provide the type of establishment (such as embassy, consultate, agency, military service, intelligence or security service, etc.) involved. Provide the purpose of the subsequent contact. Provide the name of the foreign government(s) involved. Country #2 Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Provide the name of the foreign representatives involved in contact. Provide the purpose of the subsequent contact. Provide the name of the foreign organization? Provide the name of the individual involved in the contact. Provide the location of the contact. (Provide City and Country if united States; chemise, provide City, State and Zip Code.) State Provide the name of the individual involved in the contact. Provide the location of the contact. (Provide City and Country if united the United States; chemise, provide City, State and Zip Code.) City State Provide the location of the contact. (Provide City and Country if united States; chemise, provide City, State and Zip Code.) Country #1 Country #2 Country #2 Provide the type of establishment (such as provide City and Country i	foreign government, its establishment (such as embassy, consulties, against, military service, inclining and content to result or the part seven (7) pases had any contact was for routine vibe applications and borrier crossings related to either childed U.S. (Government travel or frother) tavel on a funding tavel on a U.S., passport.) Complete the following if your responded Yes' to you or any membars of your immediate family having in the past seven (7) years had any contact with foreign government, it setablishment (such as embassy, consolete, agency, military service, intelligence or security service, etc.) or lis representatives, whether inside or outside the U.S. Entry #1 Provide the incidition of the contact. (Provide City and Country # outside he United States; otherwise, provide City, State and 2p. Code.) City Static Provide the type of establishment (such as emessay, consolete, agency, military service, intelligence or security service, etc.) involved. Country #2 Provide the byte of establishment (such as emessay, consolete, agency, military service, setc.) for its representatives. Was there are yet a stablishment (such as emessay, consolete, agency, military service, etc.) involved. Country #2 Provide the byte of establishment (such as emessay) for the provide of the purpose involved. Country #2 Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Provide the foreign organization? Provide the purpose of the subsequent contact. Provide the foreign organization? Provide the foreign organization? Provide the purpose of the subsequent contact. Provide the foreign organization? Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the pu	or this question, 'li	mmediate Family' means your s	pouse, parents, si	tep-parents, siblings, half and s	step-siblings, children, step	-children, and cohabitant.
foreign government, its establishment (such as einbassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives whether inside or outside the U.S. Entry #1 Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and County if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country #1 Country #2 Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Intelligence or security service, etc.) involved. Provide the names of the foreign organization? Provide the purpose of the subsequent contact Provide the name of the individual involved in the contact. First name Provide the name of the individual involved in the contact. First name Provide the name of the individual involved in the contact. First name Provide the name of the individual involved in the contact. First name Provide the name of the individual involved in the contact. First name Provide the location of the contact. (Provide City and County if outside the United States: atherwise, provide City, State and Zip Code.) City State Zip Code Country Country Country Country Provide the location of the contact. (Month/Year) Provide the type of establishment (such as enrolled the foreign government(s) involved. Country #2 Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact of the foreign organization? Provide the purpose of the subsequent contact of the foreign organization? Provide the purpose of the s	foreign government, it is establishment (such as einbassy, consulate, agency, military service, intelligance or security service, etc.), or its representatives, whether inside or outside the U.S. Entry #1 Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and County If outside the United States otherwise, provide City, State and 2th Code.) Country #1 Country #2 Provide the date of contact. (Month/Provide Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or accurity service, etc.) involved. Country #1 Country #2 Provide the purpose of the subsequent contact Intelligence or accurity service, etc.) involved in the contact. First name Middle name Provide the purpose/circumstances of contact. Provide the names of the foreign government(s) involved in the foreign organization? Provide the purpose of the subsequent contact Provide the name of the individual involved in the contact. First name Middle name Provide the purpose of the subsequent contact Provide the name of the individual involved in the contact. First name Middle name Provide plans for future contact Middle name Suffix Provide the sociation of the contact. Provide the foreign government(s) involved. Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Country #2 Frovide the type of establishment (such as ambass, consulate, agency, military service, etc.) involved. Provide the names of the foreign government(s) involved. Country #2 Country #2 Country #2 Country #2 Frovide the supsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact incitated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact incitated by you, you	foreign gov or security contact wa	vernment, its establishment (suc service, etc.) or its representati as for routine visa applications at	ch as embassy, co ives, whether insident and border crossing	onsulate, agency, military servi de or outside the U.S.? (Answe	ce, Intelligence (1) (E3)	NO (If NO. Proceed to 208.7
Provide the name of the individual involved in the contact. Last name First name	Provide the name of the individual involved in the contact. Last name First name Middle name Suffix	foreign governme	ent, its establishment (such as e				
Provide the location of the contact. (Provide City and Country if outside the United States, otherwise, provide City, State and Zip Code.) City	Provide the name of the individual involved in the contact. Last name First name Middle name Suffix	Entry #1					
Country #2 Provide the type of establishment (such as embassy, consulate, agency, milliary service, intelligence or security service, etc.) involved. Provide the names of the foreign government(s) involved. Country #1 Country #2 Provide the purpose/circumstances of contact. Provide the names of the foreign representatives involved in contact. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact: Provide the name of the individual involved in the contact. Entry #2 Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City State and Zip Code.) Country #1 Country #2 Provide the date of contact. (Provide City and Country if outside the United States; atherwise, provide City State and Zip Code.) Country #1 Country #2 Country #2 Country #2 Provide the type of establishment (such as embassy, consulate, agency, millitary service, etc.) involved. (Country #1 Provide the purpose/circumstances of contact. (Manth/Casy) Provide the purpose of the subsequent contact (Manth/Casy) Provide the purpose of the subsequent contact (Manth/Casy) Provide the foreign government(s) involved. Country #2 Country #2 Provide the purpose/circumstances of contact. (Provide the purpose/circumstances of contact. (Provide the purpose of the subsequent contact (Manth/Casy) Provide the foreign organization? Provide the purpose of the subsequent contact (Manth/Casy) Provide plans for future contact	Provide the date of contact. (Month/Year) Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, millitary service, intelligence or security service, etc.) Involved. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Provide the location of the contact. (Provide City and Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Provide the purpose of the subsequent contact. (Month/Pay/Year) Provide the location of the contact. (Provide City and Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Country # Provide the purpose of the subsequent contact. (Month/Pay/Year) Provide the purpose of the subsequent contact initiatised by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact initiatised by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Pay/Year) Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Pay/Year) Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact P		a of the individual involved in the			Middle name	Suffix
Provide the foreign government(s) involved. Country #1 Country #2 Country #2 Country #2 Provide the type of establishment (such as embassy, consultate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide the names of the foreign may be foreign organization? Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Last name Middle name Suffix Provide the location of the contact. Provide the foreign government(s) involved. Country State Provide the foreign government(s) involved. Country #2 Provide the date of contact. Provide the foreign government(s) involved. Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide date of most recent provide the purpose/circumstances of contact. Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide plans for future contact contact (honth/Day/Year) Provide plans for future contact contact (honth/Day/Year)	Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, millarly service, intelligence or security service, etc.) involved. Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide the names of the foreign organization? Provide the purpose of the subsequent contact. Provide the names of the foreign organization? Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States, athernites, provide City, State and Zip Code.) State Zip Code Country Country Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, millary service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide the names of the foreign organization? Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide date of most recent Country #2 Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide date of most recent Provide the purpose of the subsequent contact Provide date of most recent Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact		ion of the contact. (Provide City ar		•		
Country #1 Country #2 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide also of most recent contact, (Month/Day/Year) Provide plans for future contact NO Provide the name of the individual involved in the contact, ast name Provide the location of the contact. (Provide City and Country if cutside the United States; otherwise, provide City, State and 2tp Code.) City State Zip Code Country #2 Provide the date of contact. Provide the type of establishment (such as embassy, consulate, agency, military service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the type of establishment (such as embassy, consulate, agency, military service, etc.) involved. Provide the purpose of the subsequent contact Provide date of most recent Provide the purpose of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent Provide the foreign organization? Provide the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent Provide plans for future contact Provide the purpose of the subsequent contact Provide date of most recent Provide plans for future contact Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the foreign organization? Provide the purpose of the subsequent contact contact foreign organization?	Country #1 Country #2 Country #2 Country #2 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. First name Provide the location of the contact. (Provide City and Country if outside the United States; athenvise, provide City, State and Zip Code.) Country #2 Provide the date of contact. Provide the foreign government(s) involved. Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, etc.) involved. Provide the names of the foreign government(s) involved. Country #2 Provide the purpose of the subsequent contact. Provide the names of the foreign proventment (so involved.) Provide the purpose of the subsequent contact. Provide the names of the foreign proventment (so involved.) Provide the purpose of the subsequent contact. Provide the names of the foreign proventment (so involved.) Provide the purpose of the subsequent contact. Provide the names of the foreign proventment (so involved.) Provide the purpose of the subsequent contact. Provide the names of the foreign provide the purpose of the foreign organization? Provide the purpose of the subsequent contact. Provide date of most recent contact. Provide plans for future contact. Provide plans for future contact. Provide plans for future contact. Provide plans for future contact. Provide plans for future contact.			State .	Zip Code	Country	
Provide the type of establishment (such as embassy, consulate, agency, milliary service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the purpose of the subsequent contact. Provide the individual involved in the contact. Entry #2 Provide the individual involved in the contact. First name Middle name Middle name Suffix State Zip Code Country Provide the foreign government(s) involved. Country #2 Provide the tale of contact. Provide the type of establishment (such as ambassy, consulate, agency, milliary service, need) in the contact. Provide the type of establishment (such as ambassy, consulate, agency, milliary service, need) involved. Country #1 Country #2 Provide the purpose/circumstances of contact. Provide the foreign government(s) involved. Country #2 Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the foreign government(s) involved. Country #2 Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the foreign government(s) involved. Country #2 Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the foreign organization? Provide the purpose/circumstances of contact. Provide the foreign organization? Provide the purpose/circumstances of contact. Provide the purpose/circumstances o	Provide the type of establishment (such as embassy, consulate, agency, military service, etc.) Involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide the name of the individual involved in the contact. Inst name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code) Country #2 Provide the date of contact. Provide the date of contact. Provide the type of establishment (such as ambassy, consulate, agency, military service, etc.) Involved. Provide the type of establishment (such as ambassy, consulate, agency, military service, etc.) Involved. Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the presentative of the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as ambassy, consulate, agency, military service, etc.) Involved. Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide agency military service, etc.) Involved. Provide the purpose of the subsequent contact Provide agency military service, etc.) Involved. Provide the purpose of the subsequent contact Provide agency military service, etc.) Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide agency military service, etc.) Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact			Country #1	eign government(s) involved.	Country #2	
Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact NO Provide the purpose of the subsequent contact Provide data of most recent contact (Month/Day/Year) Provide plans for future contact NO Provide plans for future contact Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and 2tp Code.) City State Zip Code Country Provide the date of contact. Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as ambassy, consulate, agency, millitary service, ntelligence or security service, etc.) involved. Nas there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide atte of most recent contact of the foreign organization? Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact	Was there any subsequent contact initialed by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact NO Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/rear) Provide the name of the individual involved in the contact. First name Provide the location of the contact. (Provide City and Country if outside the United States otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. Country #2 Country #1 Country #2 Provide the type of astabilishment (such as ambass), consulate, agency, military service, etc.) involved. Incelligence or security service, etc.) involved. Provide the purpose of the subsequent contact Provide the foreign government(s) involved. Provide the purpose/circumstances of contact. Provide the names of the foreign representatives involved in contact. Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide age of most recent contact (Month/Day/Year) Provide the purpose of the subsequent contact Contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact Contact (Month/Day/Year) Provide plans for future contact Contact (Month/Day/Year) Provide plans for future contact Contact (Month/Day/Year) Provide plans for future contact Contact (Month/Day/Year) Provide plans for future contact		of establishment (such as	Provide the nar		Provide the purpose/cir	rcumstances of contact.
Provide the purpose of the subsequent contact Provide data of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the purpose of the subsequent contact Provide date of most recent contact (Manih/Day/Year)						1
Entry #2 Provide the name of the individual involved in the contact. _ast name Provide the location of the contact. (Provide City and Country if outside the United States: atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. Provide the date of contact. Provide the type of establishment (such as ambassy, consulate, agency, military service, nitelligence or security service, etc.) involved. Provide the ramy subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact. Provide the purpose of future contact. Provide date of most recent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide plans for future contact.	Contact (Month/Day/Year) Provide the purpose of the subsequent contact Contact (Month/Day/Year) Contact (Month/Day/Year) Provide plans for future contact Contact (Month/Day/Year) Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; alharwise, provide City, State and Zip Code.) Country Provide the date of contact. Country Provide the date of contact. Country #1 Country #1 Country #2 Provide the type of establishment (such as ambassy, consulate, agency, military service, ntelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact Provide plans for future contact	Was there any su	bsequent contact initiated by yo	ou, your immediate	e family member, or a represe	ntative of the foreign organi	zation?
Entry #2 Provide the name of the individual involved in the contact. Last name First name Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as ambassy, consulate, agency, millitary service, ntelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Entry #2 Provide the name of the individual involved in the contact. Erist name Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and 2tp Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as ambassy, consulate, agency, millitary service, ntellitigence or security service, etc.) Involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide the purpose of the subsequent contact Provide ate of most recent Contact (Month/Day/Year) Provide plans for future contact	,	Provide the purpose of the sub	bsequent contact		Provide plans for future co	ontact
Provide the name of the Individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Est. Provide the type of establishment (such as embassy, consulate, agency, millitary service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States, atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact						
Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the name of the Individual Involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact						
Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the name of the Individual Involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact	•					
Provide the name of the individual involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the name of the Individual Involved in the contact. Last name Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact						
First name First name Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the foreign government(s) involved. Country #1 Country #2 Est. Provide the type of establishment (such as embassy, consulate, agency, military service, ntelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Last name First name Middle name Suffix		F. 21	6-1-3			
Provide the date of contact. Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, millitary service, ntelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the date of contact. Provide the foreign government(s) involved. Country #2		; or the individual involved in the			Middle name	Suffix
(Month/Year) Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose of the subsequent contact. Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact		on of the contact. (Provide City an		the state of the s		
Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact.	Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact (Manth/Day/Year) Provide plans for future contact (Manth/Day/Year)			Country #1	ign government(s) involved.	Country #2	
Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide the purpose of the subsequent contact (Month/Day/Year) Provide plans for future contact	embassy, consula	of establishment (such as ate, agency, military service,	Provide the nan		Provide the purpose/cir	cumstances of contact.
Provide the purpose of the subsequent contact contact (Month/Day/Year)	Provide the purpose of the subsequent contact contact (Month/Day/Year) Provide the purpose of the subsequent contact contact (Month/Day/Year) Provide the purpose of the subsequent contact contact (Month/Day/Year)	Was there any su	bsequent contact initiated by yo	ou, your immediate	e family member, or a represer	ntative of the foreign organi	zation?
NO NO					Provide date of most recent		
	r your Social Security Number before going to the next page 069-68-8543	□ №					
	r your Social Security Number before going to the next page	. •					
	r your Social Security Number before going to the next page	-					
	r your Social Security Number before going to the next page						
020 03 020	r your Social Security Number before going to the next page						000 60 0543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts -	(Continued)
20B.7 Have you in the past seven (7) years sponsored any foreign national to come to the U.S. for work, or for permanent residence?	as a student, YES X NO (If NO, proceed to 208.8
Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored a work, or for permanent residence.	any foreign national to come to the U.S. as a student, for
Entry #1	
Provide the name of the sponsored foreign national. Last name First name	Middle name Suffix
Provide the date of birth for the sponsored foreign national. Date (Month/Year)	
Date (Month/Year)	
Provide the place of birth for the sponsored foreign national. City State Zip Code Country (Required)	
Provide the current street address of the sponsored foreign national. (Provide City and Country if outs	side the United States; otherwise, provide City, State and Zip Code,
Street City State	Zip Code Country
	the name of the organization through Not Applicable consorship was arranged, if applicable.
Provide the address of the organization through which sponsorship was arranged, if applicable. (F United States; otherwise, provide City, State and Zip Code)	Provide City and Country if outside the Not Applicable
Street City State State Street	Zip Code Country
Provide the dates of stay in the U.S. for the sponsored foreign national.	
From Date (Month/Year) To Date (Month/Year) Present Est. Est.	
Provide the address of the sponsored foreign national while residing in the U.S.	
Street City State	Zip Code
Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpos	se of your sponsorship for the sponsored foreign national.
or your Social Society Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

069-68-8543

3CHOTT 20D - 1 dreight business,	Professional Activitie	s, and Foreign G	overnment Cont	tacts - (Continued)		
Complete the following if you respond, or for permanent residence		past seven (7) ye	ears having spon	sored any foreign nati	onal to come to the	J.S. as a student, for
Entry #2					,	
Provide the name of the sponsore Last name	ed foreign national. First r	ame		Middle name		Suffix
Last tipinis].					John
Provide the date of birth for the s	ponsored foreign natio	nal.				
Date (Month/Year)] I don't know					
	Est.					
Provide the place of birth for the s City	sponsored foreign nation State	onal. Zip Code	Country (Require	d) .		
Provide the current street address	s of the sponsored fore	eign national. (Prov) ride City and Countr	y if outside the United St	ales: otherwise, provide	Cilv. State and Zip Code
Street	City		State	Zip Code	Country	
Provide the country(les) of citizen	ship for the sponsored			ovide the name of the		
Country #1	Country #2	•		man aponaoiamp waa	arranged, ii applicat	
Provide the address of the organi	zation through which s	ponsorship was a	rranged, if applica	able. (Provide City and C	Country If outside the	☐ Not Applicable
United States; otherwise, provide City, Street	, State and Zip Code) City		State	Zip Code	Country	
From Date (Month/Year) Est. Provide the address of the sponsi Street		Est.		Zip Code	***************************************	
Provide the purpose of stay in the	U.S. for the sponsore	d foreign national.	Provide the	purpose of your spon	sorship for the spons	sored foreign national.
	•					
		٠.				
	•				• .	
	,					
		• .				
·	•					
		,				
			•			
٠.	•	•				
					1	

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3.8 Have you EVER held political office in	n a foreign country?	3	YES	NO (If NO, proceed to 20
Complete the following If you responded 'Ye	es' to having EVER held political	office in a foreign country.		
Entry #1			***************************************	
Provide the position held.	Provide the dates you held po	litical office.	Provide the	name of the country invol
•	From Date (Month/Year)		Present	• •
	☐ Est.	1 —	Est.	
			·	
Provide the reason(s) for these activities.		Provide your current eligit	ollity to hold political offi	ce in a foreign country.
			•	
Entry #2		· · · · · · · · · · · · · · · · · · ·		
Provide the position held.	Provide the dates you held po	litical office.	Provide the	name of the country invol
•	From Date (Month/Year)		Present	*
	Est.	i	Est.	•
			<u> </u>	
rovide the reason(s) for these activities.		Provide your current eligit	oility to hold political offi	ce in a foreign country.
		f		
3.9 Have you EVER voted in the election	of a foreign country?	· 		
1.5 Flave you Every voted in the election	or a loreigh country?		YES	NO (If NO, Proceed to 2
Complete the following if you responded 'You	es' to having EVER voted in the	election of a foreign country		
intry #1			······································	
Provide the date you voted in the foreign el	anting (Marth Mart	Provide the name of th	a country Involved	
. To vide the date you voted in the loreigh et			e country involves.	
		st.		
Provide the reason(s) for these activities.		Provide your current el	igibility to vote in a fore	ign country.
intry #2				
Provide the date you voted in the foreign eli	- line (14	5 11 11 21		
revide the date you voted in the totaldit ell	ecuun, (mantaryear)	Provide the name of th	e country involved.	
Towns the usic you voted in the foleigh en		ľ	e country involved.	
	Ecucin. (Montal Year)	st.		
Provide the reason(s) for these activities.		st.	e country involved. Igibility to vote in a fore	ign country.
· ·		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
ovide the reason(s) for these activities.		st.		ign country.
ovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.
rovide the reason(s) for these activities.		st.		ign country.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel	
Have you traveled outside the U.S. in the last seven (7) years?	21)
Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?	NO
Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.	
Entry #1	
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in the vision Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More than 30	ilt.
Greece 06/2014 ☐ Est. 07/2014 ☐ Est. ☐ 6-10 ☑ 21-30 ☐ Many short trip	os
Provide the purpose of the travel to this country (Check all that apply).	
☐ Business/Professional conference ☐ Education ☐ Trade shows, conferences, and seminars ☐ Other ☐ Volunteer activities ☐ Tourism ☒ Visit family or friends	
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? YES If yes, provide explanation.	
⊠ NO	ļ
While traveling to or in this country, were you involved in any encounter with the police?	\neg
☐ YES → If yes, provide explanation. 区 NO	
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? [YES	
⊠ NO	
While traveling to, or in this country, were you involved in any counterintelligence or security Issues not reported? YES ——— If yes, provide explanation. NO	
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your journey to the country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your journey. YES ————————————————————————————————————	b?
ĭ NO	\perp
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES	
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign	\dashv
intelligence or security service?	
YES If yes, provide explanation.	
⊠ NO	
Enter your Social Security Number before going to the next page 069-68-8543	\neg

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel - (Continu	red)		:	٠.	
Complete the following if you responde business. Provide information about all U.S. Government business.	d 'Yes' to having traveled o such trips made outside th	outside the U,S, in the e United States Includi	ast seven (7) years for othing personal trips made in c	ner than solely U.S. Gor onjunction with official	/emment
Entry #2					
Provide the country visited.	Provide the dates of your From Date (Month/Year)	travel to this country, To Date (Month/Year)	Provide the to	ntal number of days invo	olved in the visit. More than 30
Colombia	04/2011 Est.	04/2011	Est. 6-10		Many short trips
Provide the purpose of the travel to this	country (Check all that ap	ply).			ļ
Business/Professional conference	☐ Education X Tourism	☐ Trade show ☐ Visit family o	s; conferences, and semina	rs Other	
Volunteer activities				stome regulaments) by	the local
While traveling to, or in this country, we customs or security service officials who	en entering or leaving this	country?	or forner man for notting or	aroma redoriementa) o	Interiorar
YES	explanation.				
⊠ NO					
While traveling to or in this country, were		unter with the police?			•
YES If yes, provide	explanation.				
⊠ NO		4			ļ
While traveling to or in this country, wer intelligence, terrorist, security, or militar	e you contacted by, or in c y organizations?	ontact with any person	known or suspected of bail	ng involved or associate	d with foreign
YES If yes, provide					
ĭ NO	- •				
While traveling to, or in this country, we	re you involved in any cou	nterintejligence or secu	rity issues not reported?		
YES If yes, provide			•		ĺ
⊠ NO					
While traveling to or in this country, wer	e you contacted by or in c	ontact with anyone exh	ibiting excessive knowledge	a of or undue interest in	vou or vour inh?
YES If yes, provide	•	omase wan anyona ann	isting channelly thompag	or or andocomoración	700 01 7001 1001
I yes, provide	explantation,		•		
While traveling to or in this country, wer	e you contacted by, or in c	ontact with anyone atte	mpting to obtain classified	nformation or unclassif	ed, sensitive
information?					·
YES	explanation			,	
X NO			· · · · · · · · · · · · · · · · · · ·		
While traveling to, or in this country, we intelligence or security service?	re you threatened, coerced	l, or pressured in any w	ay to cooperate with a fore	gn government official	or foreign
YES	explanation.				
⊠ NO.					
				· · · · · · · · · · · · · · · · · · ·	
•					
•					•
•			•		•
			•		
	•				
			•		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the				
business. Provide information about all such trips made outside the United States includ U.S. Government business.	last seven (7) ye iling personal trips i	ars for other tha made in conjunc	n solely U.S. C tion with officia	Sovernment al
Entry #3				
Provide the country visited.	Pro	vide the total nu	mber of days i	nvolved in the v
From Date (Month/Year) To Date (Month/Year)	Present X	1-5	11-20	More than 3
Bulgaria 08/2008		6-10] 21-30 F	Many short t
Provide the purpose of the travel to this country (Check all that apply).	<u> </u>	<u> </u>	,	
	ws, conferences, a	nd cominare	Othe	
Volunteer activities	•	nu scrimins		
While traveling to, or in this country, were you questioned, searched, or otherwise detair customs or security service officials when entering or leaving this country?		normal customs	requirements)	by the local
YES - If yes, provide explanation.				
⊠ NO				
While traveling to or in this country, were you involved in any encounter with the police?	· · · · · · · · · · · · · · · · · · ·			
YES				
X NO			<u> </u>	
While traveling to or in this country, were you contacted by, or in contact with any person ntelligence, terrorist, security, or military organizations?	n known or suspec	ted of baing inv	olved or associ	ated with foreig
YES				
X NO				
While traveling to, or in this country, were you involved in any counterintelligence or sec YES If yes, provide explanation.	unty issues not rep			
While traveling to or in this country, were you contacted by, or in contact with anyone ex YES If yes, provide explanation.	hibiting excessive	knowledge of a	undue interes	t in yau or your
MO NO	empting to obtain o	alassified inform	ation or unclas	sified, sensitive
NO Nhile traveling to or in this country, were you contacted by, or in contact with anyone attended in the country of the contact with anyone attended in the country of t	empting to obtain o	classified inform	ation or unclas	sified, sensitive
NO Note traveling to or in this country, were you contacted by, or in contact with anyone at	empting to obtain o	alassified inform	ation or unclas	sified, sensitive
NO While traveling to or in this country, were you contacted by, or in contact with anyone attornation? YES If yes, provide explanation.	empting to obtain o	classified Inform	ation or unclas	sified, sensitive
NO While traveling to or in this country, were you contacted by, or in contact with anyone at normation? If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service?				
NO While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES — If yes, provide explanation.				
NO While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES — If yes, provide explanation.				
NO Inite traveling to or in this country, were you contacted by, or in contact with anyone at formation? YES If yes, provide explanation. NO Inite traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES If yes, provide explanation.				
/hile traveling to or in this country, were you contacted by, or in contact with anyone attemption? If yes, provide explanation. NO /hile traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go		
NO While traveling to or in this country, were you contacted by, or in contact with anyone attermation? YES If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go		
/hile traveling to or in this country, were you contacted by, or in contact with anyone attemption? If yes, provide explanation. NO /hile traveling to, or in this country, were you threatened, coerced, or pressured in any telligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go		al or foreign
NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Notation in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO In this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
NO While traveling to or in this country, were you contacted by, or in contact with anyone at aformation? YES — If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES — If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
White traveling to or in this country, were you contacted by, or in contact with anyone attemation? YES If yes, provide explanation. NO White traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Notation in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO In this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note traveling to or in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note traveling to or in this country, were you contacted by, or in contact with anyone at a formation? YES If yes, provide explanation. NO Vinite traveling to, or in this country, were you threatened, coerced, or pressured in any stelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
No While traveling to or in this country, were you contacted by, or in contact with anyone at information? YES If yes, provide explanation. NO While traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES If yes, provide explanation. NO	way to cooperate w	vith a foreign go	vernment offici	al or foreign
Note	way to cooperate w	vith a foreign go	vernment offici	al or foreign
No White traveling to or in this country, were you contacted by, or in contact with anyone at information? YES If yes, provide explanation. NO White traveling to, or in this country, were you threatened, coerced, or pressured in any itelligence or security service? YES If yes, provide explanation.	way to cooperate w	vith a foreign go	vernment offici	al or foreign

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Complete the following if you responded "Yes" to having traveled outside the U.S. in the lest seven (?) years for other than solely U.S. Government business. Provide into institution about all such trips made auctivities made in conjunction with oritical U.S. Government business. Entry 84	Section 20C - Foreign Travel - (Contin	ued)		1 :			
Provide the dates of your travel to this country. From Dete (Month/Year)	business. Provide information about a	ed 'Yes' to having traveled o Il such trips made outside th	outside the U.S. in the ne United States includi	last seven (7 ng personal t) years for other rips made in co	er than solely U. njunction with o	S. Government fficial
Macedonia From Date (Month/Year) OB/2008 Est. St.	Entry #4						
Macedonia O8/2008	Provide the country visited.	Provide the dates of your	travel to this country.		Provide the tot	al number of da	ys involved in the visit.
Macedonia		From Date (Month/Year)	To Date (Month/Year)	Present	X 1-5	11-20	More than 30
Business/Professional conference			<u> </u>	Est.	l	=	
Volunteer activities X Tourism Visit family or friends	Provide the purpose of the travel to thi	is country (Check all that ap	ply).				
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? YES	Business/Professional conference	Education Education	Trade show	/s, conference	es, and seminar	s 🔲 (Other
YES	☐ Volunteer activities	X Tourism	Visit family	or friends			
YES	YES - If yes, provide		ed, or otherwise detain country?	ed (other than	n for normal cus	toms requireme	ents) by the local
Intelligence, terrorist, security, or military organizations? YES If yes, provide explanation. White traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES If yes, provide explanation. NO White traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? YES If yes, provide explanation. NO White traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES If yes, provide explanation. If yes, provide explanation. White traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,	YES	•	ounter with the police?				
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES If yes, provide explanation. NO If yes, provide explanation. If yes, provide explanation. If yes, provide explanation. NO If yes, provide explanation. If yes, provide explanation. While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES If yes, provide explanation. NO If yes, provide explanation. While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes, provide explanation.			contact with any person	known or su	spected of bein	g involved or as	socialed with foreign
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES	, I.,	e explanation.					
YES	, 	are you bustuad in any env	nterintelligance or sen	ichi laguna na	i recepted?		
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? YES	-	· · · · · · · · · · · · · · · · · · ·	itterrifelligerice or sect	iiky issuas (iu	r reported r		
YES	⊠ NO						
If yes, provide explanation. YES	While traveling to or in this country, we	ere you contacted by, or in c	ontact with anyone ext	libiting exces	sive knowledge	of or undue inte	rest in you or your jab?
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? YES ————————————————————————————————————		•					
information? YES							
YES If yes, provide explanation. YES If yes, provide explanation. While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,	While traveling to or in this country, we	ere you contacted by, or in o	ontact with anyone atte	mpting to ob	tain classified in	iformation or un	classified, sensitive
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES If yes, provide explanation,			•	, -	•		
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? YES ————————————————————————————————————	YES If yes, provide	explanation.					
Intelligence or security service? YES ————————————————————————————————————	⊠ NO					•	
YES ——— If yes, provide explanation,	While traveling to, or in this country, we	ere you threatened, coerced	i, or pressured in any v	vay to cooper	ate with a foreig	n government o	ifficial or foreign
X NO		explanation,					
	IX] NO				٠.		
	•						•
							•
		•	•				
	•						
							\sim
			•		**		

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

CFR Parts 731, 732, and 736	1474	HONAL SECURI	TIPUS	STIONS			
Section 21 - Psychological and Emotional He	alth						
Mental health counseling in and of itself <u>is not a</u> fitness to obtain or retain Federal employment, fifacilities or information systems.							
21.1 In the last seven (7) years, have you co emotional or mental health condition or w the counseling was for any of the followin - strictly marital, family, grief no - strictly related to adjustments Please respond to this question with the i who have consulted with the health care condition during this period strictly in rela	vere you ng reaso of related from se following professi	hospitalized for such a corns and was not court-order it to violence by you; or rulce in a military combat e additional instruction: Victional regarding an emotional	idition? Ans ed: nvironment ims of sexual or mental	wer 'No' if X YE al assault health	s [NO (IF NO	D, proceed to Section :
Complete the following if you responded 'Yes' hospitalized for such a condition.		·			l or emo	llonal hea	lth condition or were
Entry #1		1 = 3.4 %	101	I 5 - (1 - () - () - ()	,		
Provide the dates of counseling or treatment.		Provide the name of the care professional.	nealth .	Provide the telephone			•
From Date To Date (Month/Year) X P	resent			International or DS	N phon	a number	X Day
	st.			L	<u> </u>		Extension
Provide the address of the health care profess		Provide City and Country if out					Code)
Street 210 E Harvard Blvd	City	ta Paula	State	Zip Code	Country	′	
		<u> </u>	ca				· · · · · · · · · · · · · · · · · · ·
Provide the name of agency/organization/facili Community Memorial Health Clinic (f			provided.	X Same as	above		
Provide the address of agency/organization/fa	cility pro	vider. (Provide City and Cou	ntry If outside	the United States; otherwis	e, provide	: City.	X Same as abo
State and Zip Code) Street	City	÷	State	7in Cado	Countr		
Street	City		SIBIG	Zip Code	Country		
Were you EVER admitted as an inpatient to th	D 20000	ulora anadisation where county	e alina (treata	nent was provided?		-,	
	a agenc	y/digamental where doors	acinigracani	nerk was provided?			
YES XNO			_!!			100 C	- ii t t - i
You responded 'YES' to having been admitted voluntary or involuntary?	as an ir	ipatient to the agency/orga	nization whe	ere counseling/treatmen	was pro	Mided, Wa	as the admission
☐ Voluntary ☐ Involuntary	Exp	lanation >					
Entry #2	<u>.</u>						
Provide the dates of counseling or treatment.		Provide the name of the	nealth	Provide the telephone	number	of the hea	alth care profession
		care professional.		International or DS	N phone	number	□Day □Nigi
From Date To Date (Month/Year) (Month/Year)	resent			Telephone number	•		Extension
☐ Est. ☐ E	st.					1	
Provide the address of the health care profess		Provide Cilv and Country if outs	ide the Unite	d States: otherwise, provide	City. Sta	te and Zip	Code)
Street	City		State	Zlp Code	Country		
					•		
Provide the name of agency/organization/facility	ty where	counseling/treatment was	provided.				
		.*		Same as a	above		
Provide the address of agency/organization/fac	cility pro	vider, (Provide City and Cour	try if outside	the United States; otherwis	e, provide	City.	Same as abo
State and Zip Code)	Cike		Cinto	Zin Cada	Country		
Street	City 		State	Zip Code	Country		
Were you EVER admitted as an inpatient to the	agenc	/lorganization where couns	seling/treatm	nent was provided?			
				F		•	
YES NO You responded 'YES' to having been admitted voluntary or involuntary?	as an In	patient to the agency/orga	nizalion whe	ere counsellng/treatment	was pro	vided, wa	s the admission
Voluntary Involuntary	Expl	anation >	•				
er your Social Security Number before	goirig (o the next page			>	(069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following i		ER declared you mentally inc	ombaretir t	U YES	NO (If NO, proceed to Section 22)
	if you responded 'Yes' t	o having a court or administra	ative agency EVER	declare you mentall	y Incompetent.
Entry #1					
Provide the date this occ	curred. (Month/Year)	Provide the name of the cour	t or administrative a	gency that declared	you mentally incompetent.
Provide the address of to Street		ve agency. (Provide City and C City	Country if autside the Un State	nited States; otherwise Zip Code	, provide City, State and Zip Code) Country
Was this matter appeale	ed to a higher court?				
Appeal #1					
Provide the name o	f the court.		Provide the	final disposition.	
Provide the address Street	of the court. (Provide C	City and Country if outside the Uni City	ited States; otherwise, State	provide City, State and Zip Code	i Zip Code) Country
Appeal #2		<u> </u>	<u>,,, l,,</u>	<u> </u>	
Provide the name o	f the court.		Provide the	final disposition.	
Provide the address Street	of the court. (Provide C	ily and Country if outside the Uni City	lted States; otherwise, State	provide City, State and Zip Code	I Zip Code) Country
Provide the date this occ Provide the address of the Street	Est.	Provide the name of the cour re agency. (Provide City and C Dity			
	. 1	· ·		. 1	1
•					
YES NO (III I	ed to a higher court?				
• •	NO, proceed to Section 22		Provide the	final disposition.	
YES NO (II I Appeal #1 Provide the name of	NO, proceed to Section 22,	ity and Country if oulside the Uni City		· · · · · · · · · · · · · · · · · · ·	(Zip Code) Country
Appeal #1 Provide the name of Provide the address Street	NO, proceed to Section 22,	ity and Country if outside the Uni	iled States; otherwise,	provide Cily, State and	
Appeal #1 Provide the name of Provide the address Street	NO, proceed to Section 22, If the court. Sof the court. (Provide C	ity and Country if outside the Uni	iled Stales; otherwise, State	provide City, State and Zip Code	
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of	NO, proceed to Section 22, of the court. of the court. (Provide Court of the court.)	ity and Country if outside the Uni City	State Provide the	provide City, State and Zip Code final disposition.	Country
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of	NO, proceed to Section 22, of the court. of the court. (Provide Court) f the court.	ity and Country if outside the Uni	State Provide the	provide City, State and Zip Code final disposition.	Country
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of Provide the name of Provide the name of Provide the address	NO, proceed to Section 22, of the court. of the court. (Provide Court) f the court.	ity and Country if outside the Uni City 	Provide the	provide City, State and Zip Code final disposition.	Country Zip Code}
Appeal #1 Provide the name of Provide the address Street Appeal #2 Provide the name of Provide the address	NO, proceed to Section 22, of the court. of the court. (Provide Court) f the court.	ity and Country if outside the Uni City 	Provide the	provide City, State and Zip Code final disposition.	Country Zip Code}

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

R Parts 731, 732, and 736		A HOMAL GLOOM	- , , ,	10110		
ection 22 - Police Record						
or this section report information re e charge was dismissed. You need dor the authority of 21 U.S.C. 844	not report convict	tions under the Federal Cont	rolled Substanc	es Act for which the	court issued	
.1 Have any of the following ha pertains to the actions that a	appened? (if 'Yes' are identified belov	you will be asked to provide w.)	details for each	offense that	YES [NO (If NO, proceed to 22.2)
against you? (Do no alcohol or drugs)	nt check if all the c	s been issued a summons, cl tations involved traffic infract s been arrested by any police	tions where the	fine was less than !	\$300 and did	not include
official? - In the past seven (charges convictions - In the past seven (7) years have you or sentences in a 7) years have you	i been charged, convicted, o ny Federal, state, local, milik i been or are you currently o i trial on criminal charges?	r sentenced of a	a crime in any court . court, even if previ	? (Include all	qualifying
Entry #1						
Provide the date of offense. (Monti	h/Year)	Provide a description of the	specific nature	of the offense.		
(a) Did this offense involve any of	the following?					
YES NO	•				•	
(Check all that apply.)						
someone with whom you s	hare a child in cor	ch as battery or assault) aga mmon?	Inst your child,	dependent, cohabit	ant, spouse,	former spouse, or
Involve firearms or explosi	ves?	•		•		
Involve alcohol or drugs?					·····	
Provide the location where the						, State and Zip Code)
City	County 1		State I	Zip Code	Country	
			1	<u> </u>	<u> </u>	
(b) Were you arrested, summoned type of law enforcement officia		receive a ticket to appear as	a result of this	offense by any poli	ce officer, sh	eriff, marshal or any other
YES NO (If NO, proce	ned to (c))					
Provide the name of the law er		that arrested/cited/summon	ed vou			
1 TO VICE DIE HAITIE OF LITE IAW EI	norcement agency	A files en pateororogrammon	ea you.			
Provide the location of the law	anforcoment agen	101 /Provide City and Country II	putalda the Unite	d States athornes a	muldo Cilu. Ca	univ Sint- and Tin Coulsi
City	County		State	Zip Code	Country	unly, State and Zip Code)
] · -	•				•
c) As a result of this offense were	you charged, con	victed, currently awaiting tria	i, and/or ordere	ed to appear in cour	t in a crimina	proceeding against you?
Provide th	ie name of the cou	ırt.)				
(II YES, col	mplete (c.1))	•				
☐ NO —— Provide e	xplanation >					
(c.1) Provide the location of the City	•	iy and Country If outside the Uni	led States; other	vise, pravide City, Cou Zip Code	nty, State and Country	Zip Code)
•		•				•
Provide all the charges broud dropped or "nolle pros," etc), offense,	ght against you fo . If you were found	r this offense, and the outcord guilty of or pleaded guilty to	ne of each char a lesser offens	rged offense (such : se, list separately bo	as found guill oth the origina	y, found not-guilty, charge al charge and the lesser
Felony/misdemeanor	Char	rge ·		Outcome		Date (Month/Year)
						☐ Est
						□ □ Est
						Est
	· · · · · · · · · · · · · · · · · · ·					_ <u></u>
						Est
		t dan vivit			,	069-68-8543
r your Social Security Numb	er betore goind	to the next page			→	709-00-0049

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

٠	Section 22 - Police Record - (Continued)
	Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously ilsted on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges?
	(d) Were you sentenced as a result of this offense?
	YES (If YES, complete (d.1)) NO (If NO, complete (d.2))
	(d.1)
	Provide a description of the sentence.
	Were you sentenced to imprisonment for a term exceeding 1 year?
i	Were you incarcerated as a result of that sentence for not less than 1 year?
ľ	If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Present
	actually were incarcerated.
١	If conviction resulted in probation or parole, provide the dates of Not Applicable From Date (Month/Year) To Date (Month/Year) Present
l	probation or parole.
	(d.2)
	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?
	Provide explanation.

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - in the past seven (7) years have you been arrested by any police officer; sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense. ☐ Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? invalve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) State County Zip Code Country (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) State Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. (If YES, complete (c.1)) Provide explanation > (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) County State Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense. Felony/misdemeanor Charge Outcome Date (Manth/Year) Est Est. ☐ Est. ☐ Est.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Cor	nplete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summore			
	(Do not check if all the citations involved traffic infractions when in the past seven (7) years have you been arrested by any in the past seven (7) years have you been charged, convictor sentences in any Federal, state, local, military, or non-U.S. In the past seven (7) years have you been or are you curre. Are you currently on trial or awaiting a trial on criminal charge.	nere the fine was less police officer, sheriff, ited, or sentenced of a 5, court, even if previou ently on probation or pa	than \$300 and did not included marshal or any other type of crime in any court? (Included isly listed on this form).	le alcohol or drugs) Flaw enforcement official?
(d)	Were you sentenced as a result of this offense?			
	YES (If YES, complete (d.1)) NO (If NO, complete (d.2))		•	
	(d.1)			
·	Provide a description of the sentence.			
•	Were you sentenced to imprisonment for a term exceeding 1 year?			YES NO
,	Were you incarcerated as a result of that sentence for not less than	1 year?		YES NO
	If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Presen
	If conviction resulted in probation or parole, provide the dates of probation or parole.	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Presen
•	(d.2)			
•	Are you currently on trial, awaiting a trial, or awaiting sentencing on	criminal charges for th	is offense?	YES NO
•	Provide explanation.			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

- T Fails (31, 132, 810 130			
ection 22 - Police Record - (C			
	ses already listed, have you EVER had the seen convicted in any court of the United St	following happen to you? ates of a crime, sentenced to imprisonment for	YES NO (If NO, proceed to 22 a term exceeding 1 year for
that crime, and inc	carcerated as a result of that sentence for no ourt, even if previously listed on this form)	ot less than 1 year? (include all qualifying con-	victions in Federal, state,
civilian felony offer		ude those under the Uniform Code of Military 2	iustice and non-militaryi
child, dependent, o	cohabitant, spouse, former spouse, or some een charged with an offense involving firea	estic violence or a crime of violence (such as b eone with whom you share a child in common? ums or explosives?	
- Have you EVER b	een charged with an offense involving alco	hol or drugs?	
Entry #1			
Provide the date of offense.	Manth/Year) Provide a descripti	on of the specific nature of the offense.	
(a) Did this offense involve ar	ry of the following?		
YES NO			
(Check all that apply).			Manufacture
Domestic violence or with whom you share		ault) against your child, dependent, cohabitant,	spouse, former spouse, or someo
Involve firearms or ex	plosives?		
Involve alcohol or drug	js?		
Provide the name of the c	ourt.		
Provide the location of the	court. (Provide City and Country if outside the	United States; otherwise, provide City, County, State	and Zin Code)
City	County		country
Provide all the charges charge dropped or "noll offense separately.	brought against you for this offense, and the e pros," etc). If you were found guilty of or	ne outcome of each charged offense (such as i pleaded gullty to a lesser offense, list both the	found guilty, found not-guilty, or original charge and the lesser
Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
b) Were you sentenced as a	rorult of these charges?		
YES (If YES, complete	(b.1)) NO (If NO, complete (b.2))		
(b.1) Provide a description of the	a englanca		
i todae a description of th	e semanos.		
Were you sentenced to im	prisonment for a term exceeding 1 year?		YES NO
Were you incarcerated as	a result of that sentence for not less than 1	year?	, A YES NO
If the conviction resulted in actually were incarcerated	n imprisonment, provide the dates that you	Not Applicable From Date (Month/Year)	1
If conviction resulted in proposition or parole.	obation or parole, provide the dates of	Not Applicable From Date (Month/Year)	1
(b.2)			
	awalting a trial, or awaiting sentencing on c	riminal charges for this offense?	YES NO
Provide explanation.			
			·
	mher before going to the next nage		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Sec	tion 22 - Police Record - (Continued)			,					
E	ntry #2									
P	rovide the date of offense.		Provide a descriptio	n of the :	specific natur	e of the offe	nse.			
(e) Did this offense involve a	ny of the follow	ing?			•				
	YES NO		:			····································				
	(Check all that apply),								····	
	Domestic violence or with whom you share		nce (such as battery or assanon?	ult) agair	est your child,	dependent	, cohabita	nt, spouse	, former spous	e, or someone
	Involve firearms or ex	plosives?								
	Involve alcohol or dru	gś?								
	Provide the name of the o	court.	•				. •			
	Provide the location of the	e court. (Provide	City and Country if outside the U	niled Stat	es; otherwise, į	provide City, (County, Sta	te and Zip C	Code)	
	City ·		County		State	Zip Code	i	Country		
					<u> </u>					·
			it you for this offense, and the you were found guilty of or p							
	Felony/misdemeanor		Charge			Outcon	18		Date	(Month/Year)
										☐ Est.
						-				Est.
			·							Est.
										☐ Est.
(b) Were you sentenced as a	result of these	charges?					1		
	YES (If YES, complete	(b.1)) \[\] \	IO (If NO, complete (b.2))							
	(b.1)									.'
	Provide a description of the	re sentence.								
	·	<u> </u>	a term exceeding 1 year?				,,,,		YES	□NO
		······································	sentence for not less than 1				•		YES	Пио
	If the conviction resulted is actually were incarcerated		, provide the dates that you	_	t Applicable		· . 	Est.	Date (Month/Ye	ear) Present Est.
	If conviction resulted in proportion or parole.	obation or paro	e, provide the dates of	☐ No	Applicable	From Date		<i>ar)</i> To	Date (Month/Ye	ear)
	(b.2)					· · · · · · · · · · · · · · · · · · ·				
		awaiting a trial,	or awaiting sentencing on cr	iminal ch	arges for this	offense?			YES	NO
	Provide explanation,	, J., J. (1997)						 :		
							- , 			
			•							
	•									
	•									
	•		•		•					
							*			
					•			•		
nter	vour Social Security N	umber before	e going to the next page				1	\ [069-68	8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Farm approved: OMB No. 3206 0005

069-68-8543

ection 22 - Police Record - (Continued)						
2.3 Is there currently a domestic violence p	rotective order o	r restraining order iss	ued against you?	☐ YES	NO (II NO.	proceed to Section 2.
Complete the following if you responded 'Yes'	to currently hav	ring a domestic violen	ce protective order or t	estraining orde	r Issued again	st you?
Entry #1						
Provide explanation.		,				
Provide the date the order was issued. (Month.	Year)	Provide the name of	f the court or agency th	nat issued the o	rder.	
	Est.	1				
Provide the location of the court or agency that	t issued the ord	er: (Provide City and Cor	untry if autside the United	States: otherwise	. provide City. S	late and Zin Code)
City	State	Zip Code	Country		.,	
]]	·			
Entry #2)	<u> </u>	<u></u>			
Provide explanation.						
,						
Provide the date the order was Issued. (Month.	Of a set	Provide the name of	f the court or agency th	ant innued the o	rdor	
Frovide trie date trie older was issued. Imbiliti	Est.	Floving the halfie of		iat issued the d		
Desired the facility of the second as a second the				<u> </u>		
Provide the location of the court or agency that City	it issued the ord State	er: (Provide City and Col _ Zip Code	untry ir outside the United Country	States; otnerwise	, provide City, S	tale and Zip Code)
- ,	1	1 0000	1			
F_4 49	<u> </u>	<u> </u>	<u> </u>			
Entry #3						
Provide explanation.						
						·
Provide the date the order was issued. (Month)	Year)	Provide the name of	f the court or agency th	Tat Issued the o	rder.	
Provide the location of the court or agency that City	t Issued the orde	er, (Provide Gity and Co. Zip Code	untry if outside the United Country	States; otherwise	, provide City, S	lale and Zip Code)
						• • • • • • •
Entry #4	l	J	<u> </u>			
Provide explanation.	· · · · · · · · · · · · · · · · · · ·					
TOVIDE DAPIDITATION,						
Provide the date the order was issued. (Month)	Décari.	Deculds the name of	the court or agency th	ent leaved the o	rdor	
-TOVIDE the date the older was issued, (Middish	Est	Ligaloe me name o	the court of agency if	er issued tile di	uei.	
		<u> </u>				
Provide the location of the court or agency that City	t issued the orde State	er: (Provide City and Col Zip Code	<i>intry if outside the United</i> Country	States; otherwise,	, provide City, Si	ate and Zip Code)
]			•	
		L				
		•				•
					•	
						•
·						
			•		* '	
٠	•					
	•					
·	•					
	•					

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

CFR Parts 731, 732, and 736	NATIONAL SECURITY POSI	HONS
Section 23 - Illegal Use of Drugs and Drug Activit	ty	
	eeding. As to this particular section, this appli	d from your responses to this section will be used as es whether or not you are currently employed by the Federal or drug or controlled substance activity.
	ally used any drugs or controlled substances' orting, inhaling, swallowing, experimenting will e.	
Complete the following if you answered 'Yes' to In	n the last seven (7) years having illegally us	ed a drug or controlled substance.
Entry #1		
Provide the type of drug or controlled substance.		
Cocaine or crack cocaine (Such as rock, freet		(Such as barbiturates, methaqualone, tranquilizers, etc.)
THC (Such as marijuana, weed, pot, hashish,	· · · <u>-</u>	nic (Such as LSD, PCP, mushrooms, etc.)
Ketamine (Such as special K, jet, etc.)		ch as the clear, juice, etc.)
Narcotics (Such as opium, morphine, codelne	, heroin, etc.) Inhalants (S	uch as toluene, amyl nitrate, etc.)
Stimulants (Such as amphetamines, speed, cr	• • • • • • • • • • • • • • • • • • • •	ide explanation) >
	ide an estimate of the month and of most recent use, (Month/Year)	Provide nature of use, frequency, and number of times used.
☐ Est.	Est.	
Was your use while you were employed as a law e a position directly and immediately affecting the pu		n official, or while in YES NO
Was your use while possessing a security clearant	nce?	YES NO
Do you intend to use this drug or controlled substa	ance in the future?	YES NO
Provide explanation of why you intend or do not in	ntend to use this drug or controlled substance	in the future.
		l .
Entry #2		
Provide the type of drug or controlled substance,	Boroning graden and a page and and a	Aggin yan iliyafayya aya masa maya maya maya maya a maya may
Cocaine or crack cocaine (Such as rock, freeb		(Such as barbiturates, methaqualone, tranquilizers, etc.)
THC (Such as marijuana, weed, pot, hashish,	-	nic (Such as LSD, PCP, mushrooms, etc.)
Ketamine (Such as special K, jet, etc.)		ch as the clear, juice, etc.)
Narcotics (Such as opium, morphine, codeine,		uch as tolueле, amyl nitrate, etc.)
Stimulants (Such as amphetamines, speed, cr		ide explanation) >
and year of first use. (Month/Year) year of	de an estimate of the month and of most recent use. (Month/Year)	Provide nature of use, frequency, and number of times used.
Est.	Est.	
Was your use while you were employed as a law e a position directly and immediately affecting the pu		official, or while in
Was your use while possessing a security clearant	ce?	YES NO
Do you intend to use this drug or controlled substa	ance in the future?	YES NO
Provide explanation of why you intend or do not int	tend to use this drug or controlled substance	in the future.
•		
	•	

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - illegal Us 23.2 In the last sev	ven (7) years, have you be	en involved in the illegal purc	chase, manufacture, cultivati	on, YES	NO (If NO, proceed to
		receiving, handling or sale of in the last seven (7) years	· · · · · · · · · · · · · · · · · · ·		Seture cultivation
		ing, handling or sale of a drug		megai putchase, manu	actore, cuttivation,
Entry #1		<u> </u>			
	frug or controlled substance		□ managara (managara)	1 12 4	
_	k cocalne (Such as rock, fre	•		barbiturates, methaqua	
_	narijuana, weed, pot, hashis	sh, etc.)		as LSD, PCP, mushroo	ms, etc.)
Ketamine (Such	as special K, jet, etc.)		Steroids (Such as the	clear, juice, etc.)	
Narcotics (Such	as opium, morphine, codeli	ne, heroin, etc.)	Inhalants (Such as tole	uene, amyl nitrate, etc.)	
Stimulants (Such	h as amphetamines, speed,	, crystal meth, ecstasy, etc.)	Other (Provide explan	nation) >	
Provide an estimate year of first involvem		Provide an estimate of the of most recent involvement		Provide the nature and	d frequency of activity.
•	☐ Est.	,	Est.		
Provide the reason(s	s) why you engaged in the a	rctivity			
	nt while you were employed immediately affecting the pr	J as a law enforcement office ublic safety?	r, prosecutor, or courtroom (official, or while in a	YES NO
Was your involvemen	nt while possessing a secur	rity clearance?			YES NO
Do you intend to eng	gage in this activity in the fut	ture?	,		
ITIVES - L					
☐ YES →	Providé explanation.				
☐ YES ☐ NO	Provide explanation.				
NO Entry #2					
NO Entry #2 Provide the type of dri	rug or controlled substance.				
NO Entry #2 Provide the type of dro	rug or controlled substance. cocaine (Such as rock, free	ebase, etc.)	Depressants (Such as		. Arrite e i e i e
NO Entry #2 Provide the type of dro	rug or controlled substance.	ebase, etc.)	Depressants (Such as I		. Arrite e i e i e
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma	rug or controlled substance. cocaine (Such as rock, free	ebase, etc.)	. <u></u>	s LSD, PCP, mushroom	. Arrite e i e i e
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma	ug or controlled substance. cocaine (Such as rock, free artjuana, weed, pot, hashish	ebase, etc.) 1, etc.)	Hallucinogenic (Such a	s LSD, PCP, mushroom slear, juice, etc.)	. Arrite e i e i e
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma	rug or controlled substance. cocaine (Such as rock, free arfjuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein	ebase, etc.) 1, etc.)	Hattucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolu	s LSD, PCP, mushroom dear, juice, etc.) ene, amyl nitrate, etc.)	. Arrite e i e i e
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as oplum, morphine, codein as amphetamines, speed, of	ebase, etc.) n. etc.) e, heroin, etc.)	Halfucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolucy Other (Provide explanation)	s LSD, PCP, mushroom dear, juice, etc.) ene, amyl nitrate, etc.)	ns, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as oplum, morphine, codein as amphetamines, speed, of	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the r	Halfucinogenic (Such a Steroids (Such as the c Inhalants (Such as tolucy Other (Provide explanation)	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) •	ns, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such Provide an estimate o year of first involveme	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year)	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement,	Hallucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) month and year (Month/Year)	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) •	ns, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such Provide an estimate o year of first involveme	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the ac	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement,	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	ns, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the rof most recent involvement, stivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	ns, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act twhile you were employed.	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the rof most recent involvement, stivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	rs, etc.)
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Narcotics (Such a Stimulants (Such Provide an estimate o year of first involvement position directly and in Was your involvement	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act the while you were employed ammediately affecting the pult while possessing a securit	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.
NO Entry #2 Provide the type of dri Cocaine or crack THC (Such as ma Ketamine (Such a Stimulants (Such a Stimulants (Such a Provide an estimate o year of first involvement position directly and in Was your involvement Do you intend to engage	rug or controlled substance. cocaine (Such as rock, free arijuana, weed, pot, hashish as special K, jet, etc.) as opium, morphine, codein as amphetamines, speed, of the month and ent. (Month/Year) Est. why you engaged in the act t while you were employed mmediately affecting the put t while possessing a securit age in this activity in the futu	ebase, etc.) e, heroin, etc.) crystal meth, ecstasy, etc.) Provide an estimate of the of most recent involvement, etivity as a law enforcement officer, blic safety?	Haltucinogenic (Such a Steroids (Such as the c Inhalants (Such as toluce Other (Provide explanation) Hand year (Month/Year) Est.	s LSD, PCP, mushroom clear, juice, etc.) ene, amyl nitrate, etc.) ation) • Provide the nature and	frequency of activity.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 23 -			_				
poss	sessing a security o	learance ot	her than previ	lously listed?	a drug or controlled substance while		NO (If NO, proceed to 2
	the following if you g a security clearan				y used or otherwise been involved with a	drug or controlled :	substance while
Entry #1							
Provide a d	description of your i	nvolvement.	•	•			
	dates of involvement (Month/Year)	•	(Month/Year)	Present	Provide an estimate of the number of tir drug or controlled substance while poss	mes you used and/ sessing a security o	or were involved with the clearance.
Entry #2	•		,,, , , , , , , , , , , , , , , , , ,				· · · · · · · · · · · · · · · · · · ·
Provide a d	lescription of your in	nvolvement.					
	dates of involveme (Month/Year)		(Month/Year)	Present	Provide an estimate of the number of tin drug or controlled substance while possi		
emp		rcement of	icer, prosecut	tor, ar courtroo	a drug or controlled substance while m official; or while in a position directly an ted?	d YES	NO (If NO, proceed to 2
Complete t as a law er listed.	the following if you nforcement officer,	responded ' prosecutor,	Yes' to having or countroom	g EVER illegal official; or whil	y used, or otherwise been involved with a e in a position directly and immediately af	drug or controlled fecting the public s	substance while emplo afely other than previou
Entry #1							· · · · · · · · · · · · · · · · · · ·
Provide a c	description of the di	uas or cont	rolled substan	hne heat and	your involvement		
Provide a c	description of the di	ugs or cont	rolled substan	ices used and	your involvement.		
			rolled substan	nces used and		ner you used and/	
Provide the	e dates of involvem (Month/Year)	ent/use. To Date	rolled substan	Present	your involvement. Provide an estimate of the number of tirding or controlled substance while emp		
Provide the	e dates of involvem	ent/use. To Date	····	Present	Provide an estimate of the number of tir		
Provide the From Date	e dates of involvem (Month/Year)	ent/use. To Date	(Manth/Year)	Present	Provide an estimate of the number of tir		
Provide the From Date Entry #2	e dates of involvem (Month/Year)	ent/use. To Date	(Manlh/Year)	Present	Provide an estimate of the number of tir drug or controlled substance while emp		
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the di	entiuse. To Date	(Manlh/Year)	Present	Provide an estimate of the number of tird drug or controlled substance while emp	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the description o	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est.	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manlh/Year)	Present Est. ces used and Present	Provide an estimate of the number of tird drug or controlled substance while emp	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the description o	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est.	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a de	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	or were involved with t
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the does of involvem (Month/Year)	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the diec	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.
Provide the From Date Entry #2 Provide a d	e dates of involvem (Month/Year) Est. description of the diec	ent/use. To Date Tugs or content/use.	(Manth/Year) rolled substan	Present Est. ces used and Present	Provide an estimate of the number of tir drug or controlled substance while emp your involvement. Provide an estimate of the number of tir	loyed in this capac	ity.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 23 - Illegal Use of Drugs and Drug Activity - (Continued)	N		· ·
.5 In the last seven (7) years have you intentionally engaged in whether or not the drugs were prescribed for you or someone	else?		
Complete the following if you responded 'Yes' to in the last seven (7 of whether the drugs were prescribed for you or someone else.	') years having intentionally engaged in the mi	suse of prescription drugs	, regardless
Entry #1			
Provide the name of the prescription drug that you misused.			
Provide the dates of involvement/use	Provide the reason(s) for and circumstances	of the misuse of the pres	cription dru
From Date (Month/Year) To Date (Month/Year) Present			
Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	nt officer, prosecutor, or courtroom official, or v	vhile in a YES	Пио
Was your involvement while possessing a security clearance?		☐ YES	ΠNO
Entry #2			
Provide the name of the prescription drug that you misused.			
	•		
Provide the dates of involvement/use From Date (Manth/Year) To Date (Month/Year) Present	Provide the reason(s) for and circumstances	of the misuse of the pres	cription dru
Est. Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	 nt officer, prosecutor, or countroom official, or v	vhile in a YES	□ NO
Vas your involvement while possessing a security clearance?		∏ YES	□NO
The year areas and a second a contract of the second as a second a			
		•	
•		•	
		t s	
,			
•	•		
	•		
•			
	•		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity	y - (Continued)			•			
23.6 Have you EVER been ordered, advised, or a illegal use of drugs or controlled substances		inseling or tre	atment as a res	sult of your	П	'ES 🔀 NO (II NO. pro	oceed to 23.7)
Complete the following if you responded 'Yes' to I illegal use of drugs or controlled substances.	naving EVER be	en ordered,	advised, or asi	ked to seek coι	inseling or	r treatment as a resu	lt of your
Entry #1			·				
Have any of the following ordered, advised, or ask (Check all that apply):	ed you to seek co	unseling or tr	eatment as a re	esult of your illeg	al use of d	frugs or controlled sub	stances?
An employer, military commander, or employe	e assistance prog	jram 🔲 .	A court official /	/ judge		•	•
A medical professional	٠.			ordered, advise reatment by any			-
A mental health professional	· .			leaguett by aily	UI (IIE 600	ve	
Provide explanation >							
Old you take action to receive counseling or treatment	ent?			YES (II	YES, compl	lete (b)) NO (If NO	, completa (a)
 You have indicated that you did not receive tree Provide explanation. 	eatment.						
(b) You have indicated that you did receive treatn							
Provide the type of drug or controlled substan Cocaine or crack cocaine (Such as rock,	-	were treated.	•	ants (Such as ba	arbiturates.	methaqualone, tranq	uilizers etc.
THC (Such as marijuana, weed, pot, has	• •			•		, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)				(Such as the cle	·	· · ·	
Narcotics (Such as oplum, morphine, cod	eine, heroin, etc.)	inhalants	(Such as toluer	ie, amyl nit	trate, etc.)	
Slimulants (Such as amphetamines, spee	ed, crystal meth, e	ecstasy, etc.)	Other (F	Provide explanat	ion) →		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (<i>Provide City</i> and City	Country if outsi	ide the United State State	tes; atherwise, prov Zip Code	ride City, Sta Coun	• •	
Provide a telephone number for the		International		Provide the da			
treatment provider.		phone numbe Day Nigi		From Date (M	onth/Year) Est.	To Date (Month/Year)	Preser
Did you successfully complete the treatment?			ovide explanation	(OD)			
Dis you decided any desired the good lines.	<u>,</u>	· · · · · · · · · · · · · · · · · · ·					
·							
		4					
				• .			
•	•					٠	
· .	•			•			
							•
	·	•	•				
		*			٠		
				•		1	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, ḥashish, etc.) Ketamine (Such as special K, jet, etc.) Narcotics (Such as oplum, morphine, codelne, heroin, etc.) Steroids (Such as the clear, juice, etc.) Stimulants (Such as amphatamines, speed, crystal meth, ecstasy, etc.) Provide the name of the treatment provider. Last name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Coal in Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as barbiturates, methaqualone, tranquillzers, etc.) Hallucinogenic (Such as tag.) Hallucinogenic (Such as tag.) For vide explanation) Provide at plant at a clear, juice, etc.) Marcotics (Such as tag.) Marcotics (Such as tag.) City (Frovide explanation) Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment. Provide the dates of treatment.	ctio	n 23 - Illegal Use of Drugs and Drug											
lawe any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? Theorical #1 theories #1 that peoply? An employer, military commander, or employee assistance program A mental health professional A mental health professional A mental health professional A mental health professional A mental health professional A mental health professional To be seek counselling or treatment by any of the above to				aving EVE	R been o	rdered, ad	vised, or as	ked to seek	counse	ing or	treatme	ent as a res	sult of your
An employer, military commander, or employee assistance program						~							
A medical professional I have not been ordered, advised, or asked to seek counselling or treatment by any of the above	(Che	eck all that apply):					•	-	illegal u	se of dr	ugs or c	controlled s	ubstances?
A mental health professional Counselling or treatment by any of the above		An employer, military commander, or e	mployee	assistance	a program	∐ A	court official	/ judge				•	
A mental health professional		A medical professional										,	
id you take action to receive counseling or treatment? YES (If YES, complete (b))		A mental health professional				GO	unsemig ar (resument by a	any or u	e abuv	F		
you have indicated that you did not receive treatment. Provide explanation. You have indicated that you did receive treatment.	Prov	ide explanation >											
Provide explanation. You have ind/cated that you did receive treatment. Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.) Depressants (Such as barblurates, methaqualone, tranquilizers, etc.) THC (Such as martjuans, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Narcotics (Such as spicular K, jet, etc.) Steroids (Such as the clear, julce, etc.) Sitrolization (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) → Provide the name of the treatment provider, First name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and 2tp Code) Street City State Zip Code Country Provide a talephone number for the treatment provider. (Provide a talephone number for the treatment provider. (Provide a talephone number for the treatment) Provide a talephone number for the treatment? YES NO → (Frovide explanation) Provide explanation From Date (Month/Year) To Date (Month/Year) Est. Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)	Did y	you take action to receive counsaling o	ir treatme	ent?				YES	S (If YES	comple	te (b))	NO (If N	O, complete (a
y You have indicated that you did receive treatment. Provide the type of drug or controlled substance for which you were treated. Cocaine or crack occale (Such as barbiturates, methaquelone, tranquilizers, etc.) ThC (Such as marijuans, weed, pot, hashish, etc.) Marcotics (Such as special K, jet, etc.) Steroids (Such as the clear, juics, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Cother (Provide explanation) Provide the name of the treatment provider. Last name First name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street: City State Zip Code Country Provide a talephone number for the Extension International or DSN Provide the dates of treatment. Provide a talephone number for the Extension Phone number Provide a talephone number for the Provide (Provide explanation) Provide a talephone number for the Extension Phone number Day Wight From Date (Month/Year) To Date (Month/Year) Est. Did you successfully complete the treatment? YES NO - (Provide explanation)	(a)	You have indicated that you did not rec	ceive trea	atment,									
Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.)		Provide explanation.											***************************************
Provide the type of drug or controlled substance for which you were treated. Cocalne or crack cocalne (Such as rock, freebase, etc.)													
Cocaine or crack cocaine (Such as rock, freebase, etc.) Cepressants (Such as barbiturates, methaqualone, tranquilizers, etc.) THC (Such as marijuans, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Inhalants (Such as optum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. First name First name First name First name Street City State Zip Code Country Provide the address for this treatment provider. Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Street City State Zip Code Country Provide a telephone number for the Extension International or DSN Provide the dates of treatment, phone number From Date (Month/Year) Pres Day Night Est. Est. Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)	(b)					,		····				·	
THC (Such as marijuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as opium, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. Last name First name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code Country Provide a telephone number for the Extension International or DSN Provide the dates of treatment, treatment provider. Pres Day Night Est. Did you successfully complete the treatment? YES NO → (Frovide explanation)					. ,	treated.	`□ n	t_ /C l	n la a -6-10			tame !	
Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as oplum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, armyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) ▶ Provide the name of the treatment provider. First name Provide the address for this treatment provider. (Provide City and Country It outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code Country Provide a telephone number for the treatment provider. Provide the dates of treatment, Provider the dates of treatment, Provid					.c.)								ıquılızers, etc
Narcotics (Such as oplum, morphine, codeline, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.)				isn, etc.)								oms, etc.)	
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) ☐ Other (Provide explanation) ▶ Provide the name of the treatment provider. Last name		Ketamine (Such as special K, jet,	etc.)				Steroids	(Such as the	clear, j	ulce, et	c.)		
Provide the name of the treatment provider. Last name Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Provide a telephone number for the treatment provider. Provide a telephone number Day Night From Date (Month/Year) Est. Did you successfully complete the treatment? YES NO (Provide explanation)		Narcotics (Such as opium, morphi	ine, code	ine, heroin	, etc.)		Inhalant	s (Such as tol	luene, a	myl nitr	ate, etc.	.)	
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a telephone number for the treatment provider. Provide a telephone number for the treatment provider. International or DSN													
treetment provider.		Provide the name of the treatment pro-	vider.		eth, ecsta	sy, atc.)	Other (I	Provide expla	nation)		·		·
Did you successfully complete the treatment? YES NO ->> (Provide explanation)		Provide the name of the treatment pro- Last name Provide the address for this treatment	provider.	First name	ly and Coun	try if outside	the United Sta	ales; olherwise,	provide C	ily, State			
Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the	provider.	First name . (<i>Provide Cli</i> City	iy and Coun	iry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	illy, State Count	ment.		
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the	provider.	First name . (<i>Provide Cli</i> City	iy and Coun	lry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	ilty, State Count of treat	ment.		rr) Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	iy and Coun	lry if outside	the United Sta	eles; olherwise, Zip Code Provide the	provide C	ilty, State Count of treat	ment.		r/ Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	ilty, State Count of treat	ment.		rr) Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	ilty, State Count of treat	ment.		ri) 🗌 Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider.	provider.	First name . (<i>Provide Ci</i> City Extension	ity and Coun	national or e number	the United Sta State	eles; olherwise, Zip Code Provide the From Date	provide C	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension Tyes	Interrphone Day NO -	national or e number Night	the United Sta State DSN	Provide the From Date	provide C	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension Tyes	Interrphone Day NO -	national or e number Night	the United Sta State DSN	Provide the From Date	provide C	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment problem. Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State DSN Ide explanati	Provide the From Date	provide C	Count Count of treat Year)	ment. To Date	. (Manth/Yea	r/ Prese
		Provide the name of the treatment problem. Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State DSN Ide explanati	Provide the From Date	provide C	Count Count of treat Year)	ment. To Date	. (Manth/Yea	rr) [] Prese
		Provide the name of the treatment pro- Last name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. telephone	First name (Provide City Extension YES	Interreption	national or e number Night	the United State State DSN	Provide the From Date	e dates (Month/	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name . (Provide City Extension YES	Interreption	national or e number Night	the United State State DSN	Provide the From Date	e dates (Month/	Count Count of treat Year) Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphon	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphon	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	Interrphon	national or e number Night	the United State DSN de explanati	Provide the From Date	e dates (Month/	Count Count of treat Year Est.	ment. To Date	. (Manth/Yea	rr) Prese
		Provide the name of the treatment proclast name Provide the address for this treatment Street Provide a telephone number for the treatment provider. Did you successfully complete the treatment provider.	provider. provider. t	First name (Provide City Extension YES	iy and Coun	national or e number Night (Provi	the United State State DSN	Provide the From Date	provide C	Count Count of treat, Year)	ment. To Date	(Manth/Yea	Prese

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug A	tivity - (Co	ntinued)				
23.7 Have you EVER voluntarily sought cou controlled substance?						
Complete the following if you responded 'Yes controlled substance?	s' to having	EVER voluntarily	sought counse	ling or treatment as a re	esult of your use of a d	rug or
Entry #1						, , , , , , , , , , , , , , , , , , , ,
Provide the type of drug or controlled substan	ice for which	you were treated.				
Cocaine or crack cocaine (Such as rock,	freebase, et	c.)	Depressa	nts (Such as barbiturates	, methaqualone, tranqui	lizers, etc.)
THC (Such as marijuana, weed, pot, has	hish, etc.)			genic (Such as LSD, PCF		
Katamine (Such as special K, jet, etc.)			Steroids (Such as the clear, juice, o	etc.)	
Narcotics (Such as oplum, morphine, coo	leine, høroin	, etc.)	lnhalants	(Such as toluene, amyl n	itrate, etc.)	
Stimulants (Such as amphetamines, spec	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	rovide explanation) >	•	
Provide the name of the treatment provider. Last name	First name					
Provide the address for this treatment provide Street	er. (<i>Pr</i> ovide Cit City	ty and Country if outsid	de the United State State	Zip Code	Country	
Provide a telephone number for the treatment provider.	Extension .	International phone number Day Nig	er .	Provide the dates of tre From Date (Month/Year)	To Date (Month/Yea	r) Present
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)		
Entry #2				· · · · · · · · · · · · · · · · · · ·		
Provide the type of drug or controlled substan	ce for which	you were treated.				~~~
Cocaine or crack cocaine (Such as rock,	freebase, et	c.)	Depressa	nts (Such as barbiturates	, methaqualone, tranqui	lizers, etc.)
THC (Such as marijuana, weed, pot, hasi	nish, etc.)		Hallucinog	genic (Such as LSD, PCP	, mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			Steroids (Such as the clear, juice, a	at c.)	
Narcotics (Such as opium, morphine, cod	eine, heroin,	etc.)	Inhalants	(Such as toluene, amyl n	ltrate, etc.)	
Stimulants (Such as amphetamines, spee	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	ovide explanation) >		
Provide the name of the treatment provider. Last name	First name					
Provide the address for this treatment provide Street	r. (Provide Cit City	y and Cauntry if outsic	le the United State State	s; otherwise, provide City, Sta Zip Code	ale and Zip Code) Country	
Provide a telephone number for the treatment provider.	Extension	International number Day Nigl	•	Provide the dates of tre From Date (Manth/Year)	To Date (Month/Year	Present
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)		
			· · · · · · · · · · · · · · · · · · ·			
		•				
		•	•			
						•
						•
er vour Social Security Number before	going to t	he next nage .			069-68	1-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol				
in the last seven (7) years in professional or personal rela safety personnel?	nas your use of alcohol tionships, your finances	had a negative impact on you, or resulted in intervention	our work performance, your by law enforcement/public	YES X NO (If NO, proceed to 2
Complete the following if you responded the following if you respond to the following if your finances, or rest	nded 'Yes' to your alcoluted in intervention by i	hol use having had a negati aw enforcement/public safe	ve Impact on your work perform	nance, your professional or persona
Entry #1				
Provide the dates of involvement or				1
From Date (Month/Year)	To Date (Month/Year)	Present		·
Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	· .	Provide negative Im	pact.
From Date (Month/Year)			·	
Est.		•		•
Entry #2	<u> </u>			
Provide the dates of involvement or	use.			
From Date (Month/Year)	To Date (Month/Year)	Present		
Est.		Est.		
Provide the month/year when this	Provide circumstance		Provide negative imp	pact.
negative impact occurred.				
From Date (Month/Year)				•
Est.	:			
Entry #3	L	· · · · · · · · · · · · · · · · · · ·		
Provide the dates of involvement or	use			
From Date (Month/Year)	To Date (Month/Year)	Present		
Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	s.	Provide negative imp	paci.
From Date (Month/Year)				
∏ Est.				
Entry #4				
Provide the dates of involvement or	IISE			
From Date (Month/Year)	To Date (Month/Year)	Present	•	
☐ Est.		Est.		
Provide the month/year when this negative impact occurred.	Provide circumstance	5.	Provide negative imp	pact,
From Date (Month/Year)	.			
Est.				
	•	•		
			•	•
	,			
•	:		\$	
	<u> </u>			
	* ************************************			
	į.		,	
	š. 5			
	, a single			
	i i		•	
•	•	i		
	•			
			•	
			•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ectio	n 24 - Use of Alcohol - (Continued)			*	. ::	•		
4,2	Have you EVER been ordered, advised, alcohol?	or asked to se	ak counseling	or trea	ilment as a res	sult of your use of	YES	X NO (If NO, proceed to 24.
Çor	nplete the following if you responded 'Yes' t	o having been	ordered, advi	sed, o	asked to seek	counseling or treat	ment as a	result of your use of alcohol.
_ '	ry #1							
Hav	e any of the following ordered, advised, or a	sked you to s	ek counselin	g or tre	eatment as a re	esult of your use of a	alcohol? (C	heck all that apply)
	An employer, military commander, or employer	oyee assistanc	e program		court official /	judge		•
	A medical professional	•				ordered, advised, o		seek
П	A mental health professional				_	eatment by any of the	ne above	
					Other (Provide	explanation) >		
Did	you take action to receive counseling or tre	atment?				YES (If YES, con	nplete (b))	NO (If NO, complete (a))
(a)	You responded 'No' to having taken action	to seek couns	eling or treat	ment.	Explain the rea	sons for not taking a	action to se	ek counseling or treatment.
	Provide explanation.							
(b)	You responded 'Yes' to having taken action	ı to seek coun	seling or treat	ment.				· · · · · · · · · · · · · · · · · · ·
• •	Provide the dates of counseling or treatme			· · · · · · · · · · · · · · · · · · ·	ide the name o	of the individual cour	selor or tr	eatment provider.
	From Date (Month/Year) To Date	(Month/Year)	Present Est.		•			
	Provide the full address for the counseling	treatment prov	rider. (Provide	City an	d Country if outsi	de the United States; o	thenvise, pro	vide City, State and Zip Code)
	Street	City			State	Zip Code	Country	
	Provide telephone number.	***	Extension	Int		SN phone number		
	Did you successfully complete the treatme	nt? YES			vide explanation		-	
· ·	Did you successionly complete the treatme	· · · · · · · · · · · · · · · · · · ·		\rank	vide explanation	JII) P		
	y #2							
	e any of the following ordered, advised, or a	•					ilcohol? (C	heck all that apply):
	An employer, military commander, or employer	yee assistanc	e brogram · ·	i A	court official /	judge · · · · · · · · · · · · · · · · · · ·		
	A medical professional					ordered, advised, o		seek
	A mental health professional	•			_	eatment by any of the	ie anove	•
	· .			П,	iner (Provide	explanation) >		
Did	you take action to receive counseling or trea	atment?				YES (If YES, con	ipiele (b))	NO (If NO, complete (a))
(a)	You responded 'No' to having taken action	fo seek couns	eling or treate	nent. E	xplain the rea	sons for not taking a	iction to se	ek counseling or treatment.
	Provide explanation.							
(b)	You responded 'Yes' to having taken action	to seek coun	seling or treat	ment	· · · · · · · · · · · · · · · · · · ·			
(-,	Provide the dates of counseling or treatme				ide the name o	f the individual cour	selor or tre	eatment provider.
		(Month/Year)	Present				•	
	Est.		Est.					
	Provide the full address for the counseling	•	ider, (Provide	City an	-			vide City, State and Zip Code)
	Street	City			State	Zlp Code	Country (
				·]	<u> </u>	
	Provide telephone number.		Extension	Into		SN phone number		
	Did you successfully complete the treatment	it? YES	□ NO →	(Pro	vide explanatio	ın) ⊦		
		*					•	
		_1 6 - 41					,	069-68-8543
er ye	our Social Security Number before g	oing to the i	rext page				₹	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

.3 Have you EVER vo	numently sought cou	maciniy or i	iestiliciit as s	result of your use of alc	outott	∐ YES [NO (IF NO.)	proceed to
Complete the following if	you responded 'Yes	' to volunta	rily seeking c	ounseling or treatment.				
Entry #1			•					
Provide the dates of cour			promy _	Provide the name of the	e individual counselor	or treatment	provider.	
From Date (Month/Year)		Monih/Year)	• • • • • • • • • • • • • • • • • • • •		•	•		
	Est.		Est.				· · · · · · · · · · · · · · · · · · ·	
Provide the full address of	f the counseling/tre		ider. (<i>Provide</i>				State and Zip Co	ode)
Street		City		State	Zip Code	Country		
		L		·				
Provide telephone numbe	ır.		Extension	International or DSN	phone number			
		l		☐ Day ☐ Night	•	•		
Tild	ulata Nu tracturant) []VEC	ETNO I				 	
Did you successfully com	piete the treatment	YES		(Provide explanation)	P			
Entry #2		· · · · · · · · · · · · · · · · · · ·		T===:.:::				
Provide the dates of coun From Date (Month/Year)		Month/Year)	[] p	Provide the name of the	e individual counselor	or treatment	provider.	
COM Date (Months (ear)		month real						
	Est.		Est.	<u> </u>				
Provide the full address o	f the counseling/trea		ider. (Provide				State and Zip Co	ode)
Street		City		State	Zip Code	Country 1		
		<u> </u>	·			<u> </u>		
Provide telaphone numbe	ır.		Extension	International or DSN	phone number			
·		ĺ		Day Night			,	
Did year guesse-fully se-		YES						
Did you successfully com	piete the treatment?			(Provide explanation)	<u> </u>			
					······································			
			•					
,		•						
				•				
			, .				·	
			•					
						1		
· ·								
	. *							
				•	•			
					•			
				•	•			
		•			•			
						·		
						·		
						·		
						·		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol - (Con	tinued)			•			
4.4 Have you EVER received or you have already listed on the second seco		r treatment a	s a result of you	ır use of alcohol in e	ddition to what	YES X	NO (If NO, proceed to Section 25
Complete the following if you resp	onded 'Yes	' to having E	VER received o	ounseling or treatme	ent as a result of you	ur use of alcoh	ol.
Entry #1							
Provide the name of the individua	counselor	or treatment	provider.				
Name				•			
Provide the full address of the cou	nanlian/teor	lmont needs	ne (Davida Cliv		a United Distant allow	vice verile Div	- 01-to
Street	meemig/uez	City	ier, (Fronde City	State	Zip Code	wise, provide City Country	, State and Zip Code)
				. 1			,
Provide the name of agency/organ	ization whe	ere counselin	g/treatment was	s provided.		<u> </u>	
•			•			•	
Provide the address of agency/org		here counse	ling/treatment v	vas provided. (Provide	e City and Country it ou	Itside the United	Slates; Same as above
otherwise, provide City, State and Zip C Street	ode)	City		State	Zip Code	Country	Choquie ea anovi
Olicat				J Calc	Zip Code	Country	•
Provide the dates of counseling of	traniment	<u> </u>			<u> </u>		······································
From Date (Month/Year)		Month/Year)	Present				
Est.]		☐ Est.			ı	
Did you successfully complete you	ır counselin	g or treatme	nt?		YES (Provide	explanation)	NO (Provide explanation
Explanation							
me brottn (m)			·				
	·····						
Entry #2 Provide the name of the individual	anumalas.	or transmant	newlder.	· · · · · · · · · · · · · · · · · · ·			
Name .						-	
Provide the full address of the coun	nseling/trea		er, (Provide City	ạṇd Country If outside th State			, State and Zip Code) · · · · ·
Olleet		City		Glate	Zip Code	Country	
Provide the name of agency/organ	ization whe	l ere counselin	g/treatment was	s provided.	·		
Name							
Provide the address of agency/org otherwise, provide City, State and Zip Co		here counse	ling/treatment w	vas provided, (Provide	e City and Country if ou	itside the United	States: Same as abov
Street	,	City		State	Zip Code	Country	
Provide the dates of counseling or							
From Date (Month/Year)	To Date (A	/lonth/Year)	Present				
Est.			Est.				
Did you successfully complete you	r counselin	g or treatmer	11?		YES (Provide	explanation)	NO (Provide explanation
Explanation							
•							
······································					, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
		•	-				
			•				
						1	
•					•		
•						Γ	000 00 00 40
er your Social Security Numb	er before	going to the	he next page			→ [069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Rec		· · ·		
25.1 Has the U.S. Government (or a foreign grasecurity clearance eligibility/access?				
Complete the following if you responded 'Yes' granted you a security clearance eligibility/ac		ment (or a foreign governmen	t) having investigated yo	our background and/or having
Entry #1	•			
Provide the investigating agency:				
U.S. Department of Defense	U.S. Departme	ent of Homeland Security		
U.S. Department of State	🔀 Foreign gover	nment (Provide name of gover	nment) ⊁ Russia	
U.S. Office of Personnel Management	🔲 l don't know			
Federal Bureau of Investigation	Other (Providence)	ie explanation) >	•	
U.S. Department of Treasury		•		
Provide the name of agency that issued the cle	arance eligibility/acce	ess if different from the investig	ating agency.	
		ussian Government		
Date the investigation was completed (Month/Ye	ar) 🔀 i don't know		ligibility/access was grant	ed. (Month/Year) 🔀 I don't know
	Est.	09/2010		X Est.
Provide the level of clearance eligibility/access	granted:			·
None Non	a			
Confidential	□L			
☐ Secret	☐ I don't know	1		
Top Secret	ssued by fo	reign country		
Sensitive Compartmented Information (SCI)) X Other (Prov	ide explanation) ▶Tourist	•	•
Entry #2	·			
Provide the investigating agency:			******	
U.S. Department of Defense	U.S. Departme	nt of Homeland Security		
U.S. Department of State	X Foreign govern	ment (Provide name of govern	ment) • Berlarus	
U.S. Office of Personnel Management	. I don't know			, ., .,
Federal Bureau of Investigation	Other (Provide	e explanation) >		
U.S. Department of Treasury				
Provide the name of agency that issued the clea	rance eligibility/acce	ss if different from the investiga	ting agency.	
	Bela	russian Government	•	
Date the investigation was completed (Month/Yea	don't know	Provide the date clearance all	gibility/access was grante	ed. (Month/Year) I don't know
09/2010	X Est	10/2010		☐ Est.
Provide the level of clearance eligibility/access g				
X None.	Πα	•	•	:
Confidential	□ L			
Secret	I dan't know			
Top Secret	ssued by for	reign country		
Sensitive Compartmented Information (SCI)	X Other (Provid	de explanation) . Tourist		
				
			•	·
	•			
•	•			
	•			
inter your Social Security Number before o	oing to the next :	oage		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	gations and Clearance						· ·	
	VER had a security clea lote: An administrative (alion.)					☐ YES [NO (If NO, procee	id to 2
Complete the follo	wing if you responded "	Yes' to hav	ing EVER had a secu	rity clearance eligibili	ty/access authorization	on denied, sur	spended, or revoke	d,
Entry #1								
Provide the date s eligibility/access a suspended or revo	uthorization was denied	i.	Provide the name of the action.	the agency that took	Provide an explana suspension or revo			denia
•		☐ Est.	Marine, p. 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100 a 100				·	
Entry #2	· · · · · · · · · · · · · · · · · · ·							
Provide the date s eligibility/access a suspended or revo	uthorization was denied	ı,	Provide the name of the action.	the agency that took	Provide an explana suspension or revo			deni
		Est.						
	VER been debarred from					YES NO	(If NO, proceed to Se	ection
	wing if you responded "	Yes' to hav	ing EVER been deba	rred from government	employment.			
Entry #1 Provide the name agency taking deb		Provide (Month/)	the date the debarme Year)	ent occurred.	Provide an explana debarment.	tion of the circ	cumstances of the	<u> </u>
				Est.				
Entry #2	· · · · · · · · · · · · · · · · · · ·							
Provide the name agency taking deb		Provide (Month∧	the date the debarme (ear)	ent occurred.	Provide an explana debarment.	tion of the circ	cumstances of the	
				☐ Est.	·			
		• • • • • • • • •						
	•		•					
					•		•	
	1	•				3		
	•							
	,							٠.
			· .					
			•					
				• . •				
	•							
	•							
	•		•					
	•					*		
		*		•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responded 'Yes'	to in the last seven (7) years havi	ng filed a pel	ition under a	ny chapt	er of the ba	nkruptcy co	oda.	
Entry #1						1			
Select the applicable bankruptcy petition type.		Provide the	bankruptcy	court docke	/account	number.			
Chapter 7 Chapter 11	Chapter 13								
Provide the date bankruptcy was filed, (Month/Year)	Provide the date of discharge. (Month)		Not /	Applicable		e the total a			_
Provide the name debt is recorded under.		···		·	L			······································	
Last name	First name			Middle na	ime	•		Suffix	
Provide the name of the court involved.	· · · · · · · · · · · · · · · · · · ·			. <u></u>					
Florida the sale (II)						,			
Provide the address of the court involved. (Pro Street	vide City and Country if of City	utside ina Unitad	States; otnerv State	ise, provide C Zip Code	ily; State a	Country			
		1		Eib Code		Junimy			
(a) If Chapter 13 previously selected:		<u> </u>				<u> </u>			
Provide the name of the trustee for this bar	kruptcy.								
Provide the address of the trustee for thi	s bankruptcy. (Provide	City and Count	ry if outside the	United States	otherwise	e, provide City	, State and Z	ip Code)	
Street	City	ı	State	Zip Code		Country			
	1	ľ							
Provide Explanation.	e bankruptcy?			YES (Provide ex	planation)	□ NO (Provide ex	cpla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type.		Provide the	e bankruptcy		·		□ NO ((Provide ex	cpla.
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11	Chapter 13		e bankruptcy		/account	number			rpla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was		of bankruptcy	□ Not A		/account		mount (in U	I.S.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was	Chapter 13	of bankruptcy		court docke	/account	number	mount (in U	I.S.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under.	Chapter 13	of bankruptcy	□ Not A	court docke	/account Provide dollars)	number	mount (in U	I.S.	(pla
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name	Chapter 13 Provide the date of discharge. (Month)	of bankruptcy	□ Not A	court docker	/account Provide dollars)	number	mount (in U	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. ast name	Chapter 13 Provide the date of discharge. (Month/	of bankruptcy Year)	∏ Not Æ	court docker	Provide dollars) me	number. the total a involved in	mount (in U	J.S. uptcy.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Pro-	Chapter 13 Provide the date of discharge. (Month/	of bankruptcy Year)	∏ Not Æ	court docker	Provide dollars) me	number. the total a involved in	mount (in U	J.S. uptcy.	
Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Prostreet)	Chapter 13 Provide the date of discharge. (Month) First name	of bankruptcy Year)	Not A	court docker Applicable Middle na	Provide dollars) me	number. the total as involved in	mount (in U	J.S. uptcy.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Pro-	Chapter 13 Provide the date of discharge. (Month) First name Vide City and Country If our City	of bankruptcy Year)	Not A	court docker Applicable Middle na	Provide dollars) me	number. the total as involved in	mount (in U	J.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filled. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Prostreet	Chapter 13 Provide the date of discharge. (Month) First name //de City and Country if our City kruptcy.	of bankruptcy Year)	Not A	court docker Applicable Middle na	Provide dollars) me	number. the total as involved in a dip Code) Country	mount (in U	J.S. uptcy. Suffix	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)			•
26.2 Have you EVER experienced financial problems due to gamb	bling?	YES	NO (if NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER exp	perienced financial problems due to gambling.		
Entry #1			
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gamb	oling losses incurred.
From Date (Month/Year) To Date (Month/Year) present	•		
☐ Est. ☐ Est.			
Provide a description of your financial problems due to gambling.	if you have taken any action(s) to rectify you a description of your actions. If you have no		
	:		
Entry #2			
Provide the date range of your financial problems due to gambling. From Date (Month/Year) To Date (Month/Year) Present Est. Est.		dollars) of gami	oling losses incurred.
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo a description of your actions. If you have no		
	ŀ		
16.3 In the past seven (7) years have you falled to file or pay Fellow or ordinance?	deral, state, or other taxes when required by	☐ YES	NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having falled to fill	e or pay Federal, state, or other taxes when r	equired by law	or ordinance.
Entry #1			
	ne year you failed to file or pay your Federal,	stale, or other ta	ixes.
File Pay Both			☐ Est.
	Provide the Federal, state, or other agency to which you failed to file or pay taxes.		pe of taxes you failed to file or property, income, sales, etc.).
Provide the amount (In U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applic	able
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and as	mount of payme	nts, etc.). If you have not
Entry #2	W		
	ne year you falled to file or pay your Federal, s	state, or other ta	xes.
File Pay Both			☐ Est.
	Provide the Federal, state, or other agency to which you failed to file or pay taxes.		pe of taxes you falled to file o property, income, sales, etc.).
4	Provide date satisfied. (Month/Year)	Not Applic	able
☐ Est.		Est.	
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	nount of payme	nts, etc.). If you have not
		,	069-68-8543
er your Social Security Number before going to the next	page	→	000-00-00-13

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

					· · · · · · · · · · · · · · · · · · ·		
Section 26 - Financial Record - (Continued)			· <u> </u>	<u> </u>			
26.4 In the past seven (7) years have you be agreement for a travel or credit card prov	ided by your employer?					X NO (If NO, procei	
Complete the following if you responded 'Yes' provided by your employer.	to having been counseled	, warned	, or disciplined	for violating the te	rms of agleem	ent for a travel or c	redit car
Entry #1		·					
Provide the name of the agency or company.							
Provide the address of the agency or company	. (Provide City and Country if c	utside the	United States; or	herwise, provide City		ode)	
Street	City		State	Zip Code	Country		
Provide the date of your counseling, warning, o	r disciplinary action. (Mon	lh/Year)	Provide the re	eason(s) for the co	ounseling, warr	ing, or disciplinary	action
Provide the amount (in U.S. dollars) of violation.	Provide a description of action(s) provide expla		tion(s) you hav	e taken to rectify t	his situation. If	you have not taker	ı an <u>y</u>
∏Esi	.]						
Entry #2							
Provide the name of the agency or company.				í			
Provide the address of the agency or company.	(Provide City and Country If o	utside the	United States: of	herwise, provide City	. State and Zip Co	nde)	
Street	City		State	Zip Code	Country		
•	1)				
Provide the date of your counseling, warning, o	r disciplinary action. (Mont	h/Year) Est.	Provide the re	eason(s) for the co	ounseling, warn	lng, or disciplinary	action
Provide the amount (in U.S. dollars) of violation.	Provide a description of action(s) provide expla		lion(s) you hav	e taken to rectify t	his situation. If	you have not taker	ı any
Est							
6.5 Are you currently utilizing, or seeking ass	istance from, a credit cou	nseling s	ervice or other	similar resource t	O YES	NO (If NO, procee	ed to 26,6
resolve your financial difficulties? Complete the following if you responded 'Yes' i resolve your financial difficulties.	o being currently utilizing,	or seeki	ng assistance	from, a credit cour	seling service	or other similar res	ource to
Entry #1			······································				
Provide explanation.		Provid	e the name of t	he credit counsell	ng organization	or resource.	
		L			· · · · · · · · · · · · · · · · · · ·		
Provide the telephone number of the credit cour Telephone number Extens		•	one number:	Provide the loc	ation of the cre	dit counseling orga State	nization.
As a result of this counseling, provide a descript			n to resolve yo	ur financial difficul	lties, if you have	not taken any act	ion(s).
provide explanation.	• • •		•		•		, ,,
Entry #2			·				
Provide explanation.		Provide	e the name of t	he credit counsell	ng organization	or resource.	
Provide the telephone number of the credit cour	realing organization	L		Provide the less	ation of the ere-	dit counseling orga	pization
Telephone number Extensi		DSN pho	ne number	City	ation of the the	State	mzanon.
As a result of this counseling, provide a descript provide explanation.		ave take	n to resolve yo	ur financial difficul	tles. If you have	not taken any act	ion(s),
•							
			***************************************			70	
er your Social Security Number before g	oing to the next page		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		→ 「	069-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 26 - Financial Record - (Continued) Other than previously listed, have any of the following happened to you? (You will be asked to provide 26.6 YES NO (If NO, Proceed to 26.7) details about each financial obligation that pertains to the items identified below) In the past seven (7) years, you have been delinquent on alimony or child support payments. - In the past seven (?) years, you had a judgment entered against you, (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner - In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) ☐ YES NO (If NO, Proceed to 26.7) In the past seven (7) years, you have been delinquent on alimony or child support payments. In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years, you had a ilen placed egainst your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Identify/describe the type of property involved (If any). Provide the associated loan/account number(s) involved. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Provide the amount (in U.S. dollars) of the financial issue. Est. Provide the date the financial Provide the name of the court involved. Provide date the financial issue issue began, (Month/Year) was resolved. (Month/Year)] Not Resolved Est. Est Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Street State Zip Code Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation. 069-68-8543 Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 26 - Financial Record - (Continued	(d)		·. · ·	
Complete the following if you answered 'Y	'es' to having experienced one or m	ore of the previously stated	financial Issues.	<u> </u>
Entry #2				
Provide the name of agency/organization/	individual to which debt is/was owed			
Did/does this financial issue include any or	f the following? (Check all that apply)	YES NO (II NO), Proceed to 26.7)
In the past seven (7) years, you have	e been delinquent on allmony or child	d support payments.		
In the past seven (7) years, you had for which you were a cosigner or guara		clude financial obligations	for which you were the sale debtor,	as well as those
In the past seven (7) years, you had you were the sole debtor, as well as the	a lien placed against your property f nose for which you were a cosigner o	or failing to pay taxes or o or guarantor).	ther debts, (Include financial obligat	ions for which
You are currently delinquent on any Fe cosigner or guarantor).	ederal debt. (Include financial obliga	tions for which you are the	sole debtor, as well as those for w	hich you are a
Provide the associated loan/account numb	bar(s) involved. Identify/describe t	ne type of property involve	d (if any).	
Provide the amount (in U.S. dollars) of the	o financial lesus - Orovide the region	n(s) for the financial issue.	Provide the current status of the	o financial icana
r taylor the amount (in o.o. dollars) or the	Est.	may for the interior ladge.		e manda issue.
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (Month/Year)	Provi	de the name of the court involved.	
Est.		Est.		·
Provide the address of the court involved. Street	(Provide City and Country if outside the U	niled States; otherwise, provide State Zip Co		
•				,
Provide a description of any action(s) you taken any action(s), provide explanation.	have taken to satisfy this debt (such	as withholdings, frequenc	y and amount of payments, etc.), li	you have not
	•			
				.,
	•		1	
•	•		,	

	•			
		•		
·				•
	•			
		٠.		
			•	
			•	
	•			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continue of Figure 1 December 10 and	
Section 25 - Financial Record - (Continued)	
Other than previously listed, have any of the following happened? In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debto as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	
 In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or 	
cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you were evicted for non-payment? In the past seven (7) years, you had your wages, benefits, or assets garnished or attached	
for any reason? - In the past seven (7) years, you have been over 120 days definquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	
 You are currently over 120 days delinquent on any debt? (include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor) 	•
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated final	ncial issues.
Entry #1	
Provide the name of agency/organization/individual to which debt is/was owed.	
Diddless W. C. and J. L. J. J. J. J. J. J. J. J. J. J. J. J. J.	
Did/does this financial issue include any of the following? (Check all that apply)	YES X NO (If NO, proceed to Section 2
in the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)	d or foreclosed? (Include financial obligations
In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you which you were a cosigner or guarantor)	ou were the sole debtor, as well as those for
In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial of as well as those for which you were a cosigner or guarantor)	obligations for which you were the sole debto
In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantee.	
in the past seven (7) years, you were evicted for non-payment?	
In the past seven (7) years, you had your wages, benefits, or assets gamished or attached for any reason	on?
In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered were the sole debtor, as well as those for which you were a cosigner or guarantor)	17 (Include financial obligations for which you
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the are a cosigner or guarantor)	he sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if a	any).
Provide the amount (In U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue.	Provide the current status of the financial issu
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was re-	solved. (Month/Year) Not Resolved
☐ Est.	Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and taken any action(s), provide explanation.	amount of payments, etc.). If you have not
·	·
	OCO CO DE AG
r your Social Security Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued) Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #2 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) YES X NO (If NO, proceed to Section 27) In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) in the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you were evicted for non-payment? In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or quarantor) Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any). Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Provide the date the financial Issue began, (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not

taken any action(s), provide explanation.

Standard Form 96 Revised December 2010

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

S. Office of Personnel Managament CFR Parts 731, 732, and 736	NATIONAL SECU	RITY POSIT	TIONS	
Section 27 - Use of Information Technolog	y Systems			
We note, with reference to this section, that new idence against you in a subsequent crimina government. The following questions ask aboth hardware, software, firmware, and data used	al proceeding. As to this particular so ut your use of information technolog	ection, this applie by systems, infor	s whether or not you nation technology s	are currently employed by the Federal systems include all related computer
27.1 In the last seven (7) years have you access any information technology s		ation accessed or	attempted to	YES NO (If NO, proceed to 27.
Complete the following if you responded 'Y any information technology system.	es' to having in the last seven (7)	years illegally or	without proper autho	orization entered or attempted to enter in
Entry #1				
Provide the date of the incident. (Month/Yea	Provide a description of the r	nature of the incid	lent or offense.	· · · · · · · · · · · · · · · · · · ·
Provide the location where the incident tool				-
Street	City	State	Zip Code	Country
Provide a description of the action (adminis	trative 'criminal or other) taken as a	result of this inci	dent	
Trotace accomplish of the petion (commis			acii,	,
Entry #2				
Provide the date of the incident. (Month/Yea	ar) Provide a description of the of Est.	nature of the incid	ent or offense.	
Provide the location where the incident tool	k place, (Provide City and Country if out		•	
Street	City	State	Zip Code	Country
Provide a description of the action (adminis	trative, criminal or other) taken as a	result of this incl	dent.	
17.2 In the last seven (7) years have you denied others access to information above? Complete the following if you responded 'You'responded 'You'responded 'You'responded 'You'responded 'You'responded 'You'responded 'Yo	residing on an information technologes' to having in the last seven (7)	gy system or atter	mpted any of the without authorization	
denied others access to information residing	g on an information technology syst	lem or attempted	any of the above.	
Entry #1 Provide the date of the Incident. (Month/Yea	er) Provide a description of the r	nature of the Incid	ent or offense	
	Est.		and of offerior.	
Provide the location where the incident took	v place. (Provide City and Country If outs	ide the United State	s: otherwise, provide Ci	iv. Stale and Zis Code)
Street	City	State	Zip Code	Country
•				
Provide a description of the action (adminis	trative, criminal or other) taken as a	result of this inci	dent.	
Entry #2		•		
Provide the date of the Incident. (Month/Yea	Provide a description of the r	nature of the incid	ent or offense,	
Provide the location where the incident took	· ·			
Street	City	State	Zip Code	Country
Provide a description of the action (adminis	trativo, eriminal er ethar) takon as a	recult of this inci	dont	
Trevide a description of the action (activities	tialite, citititial of other) teneri as a	· Teadit Of this inc	acia,	
	;			
				•
•				
	•			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if your respondent "Nex" to having in the last seven (7) years introduced, removed, or used fundware, software, or needs in connection with any information technology system without authoritation, when specifically prohibited by rules, procedures, guidelines, or regulations attempted any of the above. Entry #1 Provide the date of the Incident. (Manifr/Year) Fravide a description of the nature of the Incident or offense. State		connection	with any inf	ormation	technolog	ıy system	emoved, or us without authouted any	rization, v	are, software, /hen specifica /ve?	or media in Ily prohibited	Y	ES 🔀 NO	(If NO, procee	d to Section
Provide the date of the incident. (Manth/Year) Est. Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Manth/Year) Est. Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the location where the incident took place. (Provide City and Country it outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	conne	ction with a	ny informati	responde on techni	ed 'Yes' to ology syst	having I em witho	n the last sev ut authorizatio	en (7) yea n, when s	es introduced pecifically prol	, removed, o hibited by rul	r used har es, proced	dware, softv ures, guidel	rare, or media nes, or regula	a in ations or
Provide the location where the incident took place. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Est. Provide the location where the incident took place. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Entry	#1	···											
Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Month/Year)	Provid	le the date o	of the incide	nt. <i>(Mani</i>		Provide	a description	of the nati	ure of the inclo	lent or offen	se.			
Entry #2 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Est.			on where the	inciden	t took plac		e City and Coun	iry if autside					Code)	
Provide the date of the Incident. (Month/Year) Est. Provide the location where the Incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Provid	le a descripi	tion of the a	ction (adı	ministrativ	e, crimina	al or other) tak	ėn as a re	sult of this inc	ldent.		·		
Provide the date of the Incident. (Month/Year) Est. Provide the location where the Incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.	Entry	#2												
Street Clty State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident.			of the Incider	it. (Mont	-	Provide	a description	of the nati	ure of the inclo	ient or offens	se.	· · · · · · · · · · · · · · · · · · ·		
			on where the)nciden	t look plac		e City and Coun	try if autside					Code)	
	Provid	le a descript	ion of the a	ction (adı	ministrativ	e, crimina	al or other) tak	en as a re	sult of this inc	ident.	·	•		
							····		,			<u> </u>		
							• .	•						
		٠.						:				r*		
				:										
												•		
				•					•	`		•		
					•									
							٠							
			•											

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

tion 28 - Involvement in N							
he last ten (10) years, have form?	you been a party to	any public record civil o	ourt action not listed (elsewhere o	on 🗆	YES XNC	(If NO, proceed to Section
Complete the following if you en (10) years.	responded 'Yes' to	having been a party to s	ny public record civil	court action	ı(s) not lisi	ted elsewhere	on this form in the las
intry #1							
Provide the date of the civil a	ction. (Month/Year) Est.	Provide the court na	ime.				
rovide the address of the co	المبيعيا		States: otherwise omuid	City State :	and Zin Cod	(a)	•
Street		City	State.	Zip Code		Country	
		·					
rovide details of the nature of	of the action.	Provide a descriptio	n of the results of the	action.		he name(s) o in the court a	the principal parties tion.
ntry #2							
rovide the date of the civil a	☐ Est.						
rovide the address of the co treet		country if outside the United City	Stales; otherwise, provide State	City, State a Zip Code		a) Country	
		only .	1		•		
rovide details of the nature of	of the action.	Provide a description	n of the results of the	action.	Provide I	he name(s) o In the court at	the principal parties
	· _			<u></u>			
			•		•		
	·	•					
			•				
•						1	
	•						
					•		
•							
					•		
•							
•							
·							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 29 - Association Record				
The following pertain to your associations. You are red adverse employment, security, or credentialing decision dangerous to human life and appear to be intended to coercion, or to affect the conduct of a government by the security of the conduct of a government by the conduct o	on. For the purpose of this quantificate or coerce a civilla	uestion, terrorism is del In population to influent	ined as any criminal ac	ts that involve violence or are
29.1 Are you now or have you EVER been a mem awareness of the organization's dedication to				NO (If NO, proceed to 29.2)
Complete the following if you responded 'YES' to be the organization's dedication to that end, or with the	eing or ever having been a n e specific intent to further suc	nember of an organizat ch activities.	ion dedicated to terroris	sm, either with an awareness of
Entry #1				
Provide the full name of the organization,				
Provide the address/location of the organization. (Provide the address/location of the organization.)				
Street	lty	State Zlp C	Country	
Provide the dates of your involvement with the orgal From Date (Month/Year) To Date (Month/Year) Est.	nization. Provide a paar) Present Est.	Il positions held in the (organization, if any.	No positions held
Provide all contributions made to the No cor	itributions made Provide a	description of the natu	re of and reasons for ye	our Involvement with the
organization, if any.	organizat	ion.	·	
			·	
Entry #2				
Provide the full name of the organization.	<u>-</u>			
Particular the state of the sta				
Provide the address/location of the organization. (Proceedings)	ovide City and Country if outside Ity	State Zip C		
	•			
Provide the dates of your involvement with the orga	nization. Provide a	If positions held in the		
		ii beamena ucio in tila i	organization, if any.	No positions held
From Date (Month/Year) To Date (Month/Year)	<u></u> 1	in positions note in the t	organization, if any.	No positions held
From Date (Month/Year) To Date (Month/Year)	Est			
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	tributions made Provide a	description of the natu		No positions held
From Date (Month/Year) To Date (Month/Year)	Est	description of the natu		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	tributions made Provide a	description of the natu		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	tributions made Provide a	description of the natu		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	tributions made Provide a	description of the natu		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	Est. Provide a organizat	description of the natu ion.		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No contributi	Est. Provide a organizat	description of the natu ion.		
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu lon.	re of and reasons for y	our invalvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu lon.	re of and reasons for y	our invalvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. tributions made Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. tributions made Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. tributions made Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. tributions made Provide a organizat	description of the natu	re of and reasons for y	our involvement with the
From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the No conorganization, if any.	Est. Provide a organizat	description of the natu	re of and reasons for y	our involvement with the

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR

ection 29 - Association Record - (Continued)		
.2 Have you EVER knowingly engaged in any acts of terrorism?	☐ YES ☒ NO (if NO, proceed	ed ta
Complete the following if you responded 'Yes' to EVER having knowingly engage	d in any acts of terrorism.	
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
	From Date (Month/Year) To Date (Month/Year)] Pre
	Est.] Es
Entry #2	•	
Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
	From Date (Month/Year) To Date (Month/Year)] Pre
	Est.	Es
.3 Have you EVER advocated any acts of terrorism or activities designed to ov force?	rerthrow the U.S. Government by YES NO (Procee	ed Io
Complete the following if you responded 'Yes' to having EVER advocated any act force.	s of terrorism or activities designed to overthrow the U.S. Government	nent
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	
•] Pr
•	Est.] Es
Entry #2		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	
* * · · · · · · · · · · · · · · · · · ·		Pr
	1	Es
•		
•		
<u> </u>		• • • •
	•	
\cdot		
	•	
•	•	
·		
•		
•		
	•	
•		
•	·	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to over United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the sintent to further such activities. Entry #1 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions he organization. Provide all contributions made to the No contributions made organization. Provide a description of the nature of and reasons for your involvement with organization. Entry #2 Provide the full name of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	at end or with the specific Code) No positions held Ir involvement with the	use of violenc cation to that State and Zip C	es of the dedicated to the ganization's ded	ith an awareness activities? an organization d	s to that end wit to further such a a member of ar	ngeged in activities the specific intent in aving EVER been	ember of an organization	ou EVER been a mem	.4 Have you l
United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the sintent to further such activities. Entry #1 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street	at end or with the specific Code) No positions held Ir involvement with the	cation to that	rganization's ded	an organization d rreness of the org	a member of ar id with an awar	aving EVER been activities to that er			
Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zlp Code) Street City State Zip Code Country Provide the dates of your involvement with the organization, From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide all contributions made to the Organization. Provide the full name of the organization. Provide the full name of the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. To Date (Month/Year) Present Est. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with organization of the nature of and reasons for your involvement with organization of the nature of and reasons for your involvement with organization of the nature of and reasons for your involvement with organization organization.	No positions held Ir involvement with the						onded 'Yes' to have which engaged in a	s Government, and whi	United States Go
Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street	No positions held Ir involvement with the								Entry #1
Street City State Zip Code Country Provide the dates of your involvement with the organization. From Date (Month/Year)	No positions held Ir involvement with the						ization.	ull name of the organiza	Provide the full na
Provide the dates of your involvement with the organization. From Date (Month/Year) To Date (Month/Year) Est. Provide all contributions made to the organization. Provide all contributions made to the organization. Provide the address/location of the organization. Provide the address/location of the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide all contributions held in the organization, if any. No positions held in the organization, if any. No positions held in the organization, if any. Provide all contributions made to the No contributions made organization of the nature of and reasons for your involvement with organization.	ir involvement with the	Country		United States; other	try if outside the U	rovide City and Coun	e organization. (Pro	ddress/location of the o	Provide the addre
From Date (Month/Year) Est. Provide all contributions made to the organization. If any. Provide the full name of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all positions held in the organization, if any. In No positions held in the organization of the nature of and reasons for your involvement with the organization. Provide all contributions made to the Involvement with organization of the nature of and reasons for your involvement with organization. Provide all contributions made to the Involvement with organization of the nature of and reasons for your involvement with organization. Provide all contributions made to the Involvement with organization of the nature of and reasons for your involvement with organization.	ir involvement with the		ip Code	State Zip	s	ity	, CII		Street
From Date (Month/Year) Est.	ir involvement with the	fany, f	he organization,	ositions held in th	Provide all pos	inization.	nent with the organ	lates of your involveme	Provide the dates
entry #2 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all positions held in the organization, if any. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with	o Code)					^(ear) Present		fonth/Year) To	
Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all positions held in the organization, if any. No positions held in the organization, if any. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with		ons for your	nature of and rea			ntributions made	the No cont		
Street City State Sta					· · · · · · · · · · · · · · · · · · ·		ization.	ull name of the organize	· •
Street City State Zip Code Country Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all positions held in the organization, if any. No positions held in the organization, if any. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with		Dinto and Tip (I Inited States of hos		lender Otto and Core	a arganization (Co.	deepallonation of the	Tenutala tha malalan
Provide the dates of your involvement with the organization. From Date (Month/Year) Est. Provide all positions held in the organization, if any. No positions held in the organization, if any. No positions held in the organization, if any. Provide all positions held in the organization, if any. Provide all contributions made to the No contributions made organization. Provide all contributions made to the No contributions made organization.								ooressaccation of the c	
From Date (Month/Year) Est. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with arrangization.		1	•	Ι,					
From Date (Month/Year) Est. Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with	No positions held	fany. [he organization,	ositions held in th	Provide all pos	inization.	nent with the organ	ates of your involvemen	Provide the dates
Provide all contributions made to the No contributions made Provide a description of the nature of and reasons for your involvement with						'ear) 🔲 Present		fonth/Year) To	
Uganization, ii any.		•					the No cont	intributions made to the	
					wiganikanon.	,		и опу,	ngatteetion, n al
	**************************************				· · · · · · · · · · · · · · · · · · ·				
					•				
						8			-
								•	•
				•		.*			
						•			
				. •		•			
				. •					·
									· ·
				. +					. ·
							7		
							<i>y</i>		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Associated Associate	HERIOTI FIREDIA	- [40][[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[
		<u> </u>	- 1 11 11 11 11 11						
or violence	to discourage of	others from exer	anization that advoc cising their rights un ther such action?				YES	X NO (II NO, p	roceed to 2
Complete the foll force or violence such action.	owing if you res to discourage o	ponded 'Yes' to thers from exerc	being or EVER have clsing their rights und	ing been a m der the U.S. (ember of an o Constitution or	rganization that adv that of any state of	ocales or pi the U.S. wit	ractices commiss th the specific int	ion of act ant to fudi
Entry #1				······	•				· ••
Provide the full na	ame of the orga	nization.		— <u>———————</u>		·			
			•						
Provide the addre	ss/location of the	ne organization.	(Provide City and Coun	itry if outside the	e United States; (otherwise, provide City,	State and Zip	Gode)	
Street		_	City	•	State	Zip Cade	Country		
Provide the dates	of your Invalve	ment with the o	rganization.	Provide all I	positions held	In the organization,	if anv.	No positions	held
From Date (Month	•	To Date (Month	_	·				The positions	
	☐ Est.		☐ Est.						
Provide all contrit		dollars) [] No.	contributions made	Provide a de	escription of th	e nature of and rea	sons for voi	ır İnvolvement wi	th the
made to the organ	nization, if any.	adiiaia/ [_] No (contributions made .	organization		e mutate of and tea	adila idi yat	ar ilivorvement w	an me
							·		
Entry #2 Provide the full na	me of the sens	nluction							
Provide the full ha	atte of the eigal	mzadon.						•	
Danida the edder			(Provide City and Coun		- I today I Division	برش در برش			
Street	issudcation of th	ie organization.	City	ury ii outsid a trii	e Umieo States; t State	Zip Code	Country	Code)	
,						1	1	•	
Ornida the dates	-F		(ltip-	Denviste ell e	analilana baldi	la the exercise	15		to a fed
Provide the dates From Date (Month)	-	To Date (Month		1	DIBIT STOULEOU	in the organization,	n any.	No positions	neio
1 10111 DETO HADRIE	∏ Est.	to Date (momi	(Year) Present						
Deside all contrib	LJ (-3)								
	uttage (In 11 C		لغيسا	Denviel - o de			Fasti-i		the them
"made to the organ	outlons (In U.S. o	dollars) 🔲 No r	contributions made			e nature of and rea	sons for you	ır İnyolvement wi	th the
made to the organ	outlons (In U.S. online).	dollars) 🗌 No d	لغيسا	Provide a de organization		e nature of and rea	sons for you	ır İnyolvement wi	th the
made to the organ	outions (in U.S. onleation, if any.	dollars) 🗌 No t	لغيسا			e nature of and rea	sons for you	ır İnyolvement wi	th the
made to the organ	utions (in U.S. d lization, if any.	dollars) No t	لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the orga	utions (in U.S. onization, if any.	dollars) 🔲 No (لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the orga	outons (in U.S. nization, if any.	dollars) 🔲 No (لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
Provide all contric	outons (in U.S. ontended	dollars) [] No (لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the orga	outons (in U.S. onlean)	dollars) No c	لغيسا			e nature of and rea	sons for you	ır inyalvement wi	th the
made to the orga	outons (in U.S. and and and and and and and and and and	dollars) No c	لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the orga	outons (in U.S. nization, if any.	dollars) [] No c	لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the organ	outons (in U.S. nization, if any.	dollars) [] No o	لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the organ	outons (in U.S. antzation, if any.	dollars) [] No (لغيسا			e nature of and rea	sons for you	ır İnyolvement wi	th the
made to the orga	outons (in U.S. and and and and and and and and and and	dollars) [] No (لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the orga	outons (in U.S. alzation, if any.	dollars) [] No (لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the orga	outons (in U.S. nization, if any.	dollars) No o	لغيسا			e nature of and rea	sons for you	ir inyglvement wi	th the
made to the organ	outons (in U.S. nization, if any.	dollars) [] No o	لغيسا			e nature of and rea	sons for you	ır İnyolvement wi	th the
made to the organ	outlons (in U.S. and and and and and and and and and and	dollars) [] No o	لغيسا			e nature of and rea	sons for you	ır inyolvement wi	th the
made to the orga	outlons (in U.S. and and and and and and and and and and	dollars) [] No (لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the orga	outlons (in U.S. and and and and and and and and and and	dollars) [] No (لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the orga	outons (in U.S. and and and and and and and and and and	dollars) [] No (لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the
made to the orga	outons (in U.S. and and and and and and and and and and	dollars) No o	لغيسا			e nature of and rea	sons for you	ir inyglyement wi	th the
made to the orga	outlons (in U.S. and and and and and and and and and and	dollars) No o	لغيسا			e nature of and rea	sons for you	ir inyglvement wi	th the
made to the orga	outlons (in U.S. antzation, if any.	dollars) [] No o	لغيسا			e nature of and rea	sons for you	ir inyalvement wi	th the

QUESTIONNAIRE FOR

ction 29 - Association Record - (Continued)					
6 Have you EVER knowingly engaged in activities designed to overthrow the U.S.				NO (If NO, pro	
Complete the following if you responded 'Yes' to having EVER knowingly engaged in a	ctivities designed to ove	rthrow the	U.S. Gove	rnment by fo	гсе.
Entry #1					
Describe the nature and reasons for the activity.	Provide the dates of s From Date (Month/Yea			(Manth Wand	
	Floin Date (Month real		10 Date	(Month/Year)	Pres
		Est.	<u> </u>		Est.
Entry #2	Daniel the data of				
Describe the nature and reasons for the activity.	Provide the dates of s From Date (Month/Year			(Month/Year)	Pres
	1	Est.		,,	Est.
7 I I I I I I I I I I I I I I I I I I I	<u> </u>				
7 Have you EVER associated with anyone involved in activities to further terrorism.		<u> </u>	YES	□ NO	
Complete the following if you responded 'Yes' to having EVER associated with anyone	involved in activities to	further terr	orism.		
intry #1					
rovide explanation.					
				•	
intry #2			·		
rovida explanation.			* .		
			·- 		·
				•	
		•			
					-
		•			
			•		
			-		
	•				
·					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13: Use the space below to continuous items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each blank answer, identify the number of the Item and attempt to maintain sequential order and question format.	ue answers, to all other nk sheet (s). Before each
	,
·	
After completing this form and any attachments, you should review your answers to all questions to make sure the form and then sign and date the following certification and the attached release(s).	m is complete and accurate,
Certification My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belie have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on the fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying informative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance debarment from Federal service.	ils form can be punished by ion may have a negative arance, or my removal and
Signature (Sign in lnk)	Date signed (mm/dd/yyyy) 07/15/2015
Enter your Social Security Number before going to the next page	069-68-8543